



**NOTIFICATION FOR UNDERGROUND STORAGE TANK SYSTEMS**

State Form 45223 (R10 / 3-23)  
Indiana Department of Environmental Management  
Petroleum Branch

**RETURN COMPLETED FORMS TO:**

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

Facility ID Number: **2409**

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.

<b>A TYPE OF NOTIFICATION</b>											
<input type="checkbox"/>	Facility Contact Change			<input type="checkbox"/>	UST Owner Change			<input type="checkbox"/>	Owner/Operator Information Change		
<input type="checkbox"/>	Type of Facility Change			<input type="checkbox"/>	Property Owner Change			<input type="checkbox"/>	Facility Name / Location Change		
<input type="checkbox"/>	UST System Modification			<input type="checkbox"/>	UST Operator Change			<input type="checkbox"/>	Financial Responsibility Change		
<input type="checkbox"/>	New UST System(s)										
<b>B FACILITY NAME / LOCATION</b>											
FACILITY NAME <b>Speedway #1213</b>					LATITUDE (37.710101 to 41.866773)			LONGITUDE (-88.165351 to -84.671035)			
FACILITY ADDRESS (number and street)						PARCEL NUMBER					
CITY			STATE	ZIP CODE		COUNTY		TELEPHONE NUMBER			
<b>C TYPE OF FACILITY (Check all that apply)</b>											
<input type="checkbox"/>	Auto Dealership			<input type="checkbox"/>	Commercial			<input type="checkbox"/>	Airport Hydrant System		
<input type="checkbox"/>	Hospital			<input type="checkbox"/>	Gas Station			<input type="checkbox"/>	Industrial		
<input type="checkbox"/>	Petroleum Distributor			<input type="checkbox"/>	Railroad			<input type="checkbox"/>	Residential		
<input type="checkbox"/>	Trucking or Transport			<input type="checkbox"/>	Utilities			<input type="checkbox"/>	Unmanned		
<input type="checkbox"/>	Marina			<input type="checkbox"/>	School			<input type="checkbox"/>	Other:		
<b>D PREPARED BY</b>											
PREFIX	FIRST NAME			MI	LAST NAME			SUFFIX			
ADDRESS				CITY		STATE		ZIP CODE			
TELEPHONE NUMBER			JOB TITLE			EMAIL ADDRESS					
<b>E UST OWNER</b>											
<b>TYPE OF OWNER</b>											
<input type="checkbox"/>	Federal Government			<input type="checkbox"/>	State Government			<input type="checkbox"/>	City / Local Government		
<input type="checkbox"/>	Commercial			<input type="checkbox"/>	Private			<input type="checkbox"/>	Other:		
Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State)						BUSINESS ID (From the Secretary of State)					
Option 2: UST OWNER NAME (If a Public Agency or other entity)											
Option 3: UST OWNER NAME (If in Individual Capacity)											
PREFIX	FIRST NAME			MI	LAST NAME			SUFFIX			
UST OWNER ADDRESS (Listed in Options 1-3)											
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)						ADDRESS (line 2)					
CITY			STATE	ZIP CODE		EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)					
TELEPHONE NUMBER			EMAIL ADDRESS (Option 3 Individual Capacity)			JOB TITLE (Option 3 Individual Capacity)					
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)											
PREFIX	FIRST NAME			MI	LAST NAME			SUFFIX			
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)						ADDRESS (line 2)					
CITY			STATE	ZIP CODE		JOB TITLE					
TELEPHONE NUMBER			EMAIL ADDRESS								

FACILITY ID # <b>2409</b>		FACILITY NAME <b>Speedway #1213</b>		
IDEM UST REGISTRATION NUMBER		<b>7</b>		
COMPARTMENT IDENTIFICATION NUMBER				
<b>T</b>	<b>UNDERGROUND STORAGE TANK RELEASE DETECTION</b>			
PRIMARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY UST RELEASE DETECTION				
MANUFACTURER				
MODEL				
<b>U</b>	<b>UNDERGROUND PIPING RELEASE DETECTION</b>			
PRIMARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)				
MANUFACTURER				
MODEL				
TERTIARY PIPING RELEASE DETECTION				
MANUFACTURER				
MODEL				
<b>V</b>	<b>SPILL AND OVERFILL PREVENTION EQUIPMENT</b>			
CATCHMENT BASIN / SPILL BUCKET				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
FILL LATITUDE				
FILL LONGITUDE				
PRIMARY OVERFILL PREVENTION EQUIPMENT		Auto Shutoff / Flapp		
(mm/dd/yyyy) DATE INSTALLED		07/14/2023		
MANUFACTURER				
MODEL				
% ULLAGE SET POINT		95		
SECONDARY OVERFILL PREVENTION EQUIPMENT				
(mm/dd/yyyy) DATE INSTALLED				
MANUFACTURER				
MODEL				
% ULLAGE SET POINT				
UNDER DISPENSER CONTAINMENT PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				
SUBMERSIBLE TURBINE SUMP PRESENT				
MANUFACTURER				
(mm/dd/yyyy) DATE INSTALLED				



**UST OVERFILL EQUIPMENT INSPECTION  
AUTOMATIC SHUTOFF DEVICE AND BALL FLOAT VALVE**

Facility Name: SSA 1213	Owner: Speedway,LLC
Address: 298 s CR 00 EW	Address: 600 Speedway Dr
City, State, Zip Code: Kokomo, IN	City, State, Zip Code: Enon,OH
Facility I.D. #:	Phone #:
Testing Company: US Tank Alliance	Phone #: (440) 238-7705
	Date: 8/7/23

This data sheet is for inspecting automatic shutoff devices and ball float valves. See PEI/RP1200, Section 7 for inspection procedures.

Product Grade	KER					
Tank Number	4					
Tank Volume, gallons	3918					
Tank Diameter, inches	72					
Overfill Prevention Device Brand	OPW					
Type	<input checked="" type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve

**AUTOMATIC SHUTOFF DEVICE INSPECTION**

1. Drop tube removed from tank?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Drop tube and float mechanisms are free of debris?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Float moves freely without binding and poppet moves into flow path?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Bypass valve in the drop tube is open and free of blockage (if present)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present
5. Flapper is adjusted to shut off flow at 95% capacity?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

A "No" to any item in Lines 1-5 indicates a test failure.

**BALL FLOAT VALVE INSPECTION**

1. Tank top fittings are vapor-tight and leak-free?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Ball float cage free of debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Ball is free of holes and cracks and moves freely in cage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Vent hole in pipe is open and near top of tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Ball float pipe is proper length to restrict flow at 90% capacity?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

A "No" to any item in Lines 1-5 indicates a test failure.

<b>Test Results</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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\* Use manufacturer's suggested procedure for determining if automatic shutoff device will shut off flow at 95% capacity.  
 \*\* Use manufacturer's suggested procedure for determining if flow restriction device will restrict flow at 90% capacity.

**Comments:**  Checked all tanks for ball floats  
 No ball floats present in any tank

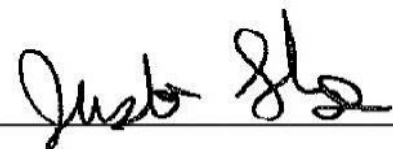


## OVERFILL ALARM OPERATION INSPECTION

This procedure is to determine whether the high level alarm is operational and will trigger when the tank is no more than 90% full. See PEI/RP1200, Section 7.3 for the inspection procedure. This procedure is applicable to tank level monitor stems that touch the bottom of the tank when in place.

Tank Number				
Product Stored				
Tank Level Monitor Brand and Model				
1. Tank Volume, gallons				
2. Tank Diameter, inches				
3. Does the overfill alarm activate in the test mode at the console?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. When activated, can the overfill alarm be heard or seen while delivering to the tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. After removing the probe from the tank, has it been inspected and any damaged or missing parts replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Float moves freely on the stem without binding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does moving product level float up the stem trigger alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Inch level from bottom of stem when 90% alarm is triggered.				
9. Tank volume at inch level in Line 8.				
10. Calculate (Line 9 / Line 1) x 100				
11. Is Line 10 less than 90%?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does the fuel float level on the console agree with the gauge stick reading?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does the overfill alarm activate at any product level above 90% tank capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any answers in Lines 3, 4, 5, 6, 7 or 11 are "No", or Line 13 is "Yes", the system has failed the test.				
<b>Test Results</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>Comments:</b> No external overfill. IN Cert# UC111521 PEI Certified				

Tester's Name Justin Stout

Tester's Signature 



Date 8-7-2023


Site Name/number SSA 1213

City/State Kokomo, IN

update 3/24/23 KP

**Overfill Equipment Check Worksheet (Drop Tubes 95%)**

Tank number (from ATG)	4								
Product	KER								
Drop tube Make/Model	OPW								
Actual Tank Capacity	3918								
<b>OPW 7150</b>									
Upper Tube Length (D)	51.25								
Distance from the inlet tube flange to the bottom of cut (W)	108.5								
Distance from the inlet tube flange to the top of of cut (U)	108.5								
Distance from inlet tube flange to bottom of tank (B)	114								
Note: If a tank bottom protector is present (OPW 6111 & 61TP add 0.6")									
Using tank chart 100% volume (Y)	"	"	"	"	"	"	"	"	"
Subtract (B)-(D)-2" = (X)	60.75								
Convert (X) to gallons	3558	gals	gals	gals	gals	gals	gals	gals	gals
(Y) tank capacity in gallons	3918								
Shut off percent (X)÷(Y)x100	90								
Inches off bottom (Top of cut to bottom of tank) more than 6" call in	5.5								
<b>EMCO WHEATON A1100</b>									
A (bottom of tank to top of fill adapter)									
subtract B (top of drop tube to top of fill adapter)									
Subtract A - B =									
subtract 4.50" (equals C)									
compare C to tank chart	gals	gals	gals	gals	gals	gals	gals	gals	gals
using tank chart multiply total tank capacity by 95%	gals	gals	gals	gals	gals	gals	gals	gals	gals
using tank chart convert 95% gals to inches	"	"	"	"	"	"	"	"	"
Shut off percent C ÷ total capacity									
Inches off bottom (Top of cut to bottom of tank) more than 6" call in									

OVER for Franklin Fueling (EBW) & Ball Floats 

**Overfill Equipment Check Worksheet (Drop Tubes 95%)**





Speedway LLC.

Store# 1213 / 43653

Work Order# 001106756073 (T00002584707)

298 S 00 Ew. KOKOMO, IN

Printed: 06/10/2024

**Technicians**

WO Assigned: (023F) Kleinen, Rebecca 937-206-1887 ( Manager: Gray 317-416-0855 )

Store Assigned: (005G) Dishoungh, Kennie 317-391-1895

**Work Order Date: 07/07/2023 13:14**

**Priority: Routine                      Status: Closed in Accounting (CLSD)**

Activity Type: Problem / Breakdown / Repair (130)

Order Type: Recurring Maintenance

Expense Class: Equipment

Expense Type: Equipment

Function Location 3: Ust Equipment

Function Location 4: Tanks

AFE: 177096

**Work Order Description**

*The KER tank has a straight drop tube and no ball float. Please have an overfill drop tube installed and make sure it is set for no more than 95% shut off and no more than 6" off the bottom of the tank.*

**Notes**

**07/08/2023 11:41 Rebecca Kleinen -** Priority Change: Emergency -> Routine : This will need an AFE

**Verified: 07/14/2023 15:25 By: David**

Vendor: Rcm Corp

Notes/Comment:

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Speedway LLC.

Store# 1213 / 43653

Work Order# 001106756073 (T00002584707)

298 S 00 Ew. KOKOMO, IN

Printed: 06/10/2024

**Invoice 30953**

**Rcm Corp**

Date: 07/14/2023

Vendor#: 907601

Invoice Amount: \$650.00

AFE#: 177096

Gross Amount NonTax: \$650.00

Total Tax: \$.00

1099 Reportable: \$650.00

Work Description: AS PER QUOTE: Replace K-1 drop tube (used). Replace K-1 fill adapter and cap.

**Capital Assets**

There are NO Capital Assets listed for this work order.

**Parts**

There are NO Parts listed for this work order.

**Labor**

Personnel	Notes	Hours	Rate	Total
AS PER QUOTE	-	1	\$650.00	\$650.00
			(%) Tax:	
			Total:	

**Travel**

There are NO Travel listed for this work order.

**Sub-Contractor**

There are NO Sub-Contractor listed for this work order.

**Equipment Rental**

There are NO Equipment Rental listed for this work order.

**Grand Total**

Technician Total: \$.00

Vendor Invoice Total: \$650.00

Grand Total: \$650.00



**UST OVERFILL EQUIPMENT INSPECTION  
AUTOMATIC SHUTOFF DEVICE AND BALL FLOAT VALVE**

Facility Name: SSA 1213	Owner: Speedway,LLC
Address: 298 S C-R 00 EW	Address: 600 Speedway Dr
City, State, Zip Code: Kokomo, IN	City, State, Zip Code: Enon,OH
Facility I.D. #:	Phone #:
Testing Company: US Tank Alliance	Phone #: (440) 238-7705
	Date: 7/7/23

This data sheet is for inspecting automatic shutoff devices and ball float valves. See PEI/RP1200, Section 7 for inspection procedures.

Product Grade	KER					
Tank Number	4					
Tank Volume, gallons	3918					
Tank Diameter, inches	72					
Overfill Prevention Device Brand	Straight					
Type	<input type="checkbox"/> Automatic Shutoff Device <input checked="" type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve

**AUTOMATIC SHUTOFF DEVICE INSPECTION**

1. Drop tube removed from tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Drop tube and float mechanisms are free of debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Float moves freely without binding and poppet moves into flow path?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Bypass valve in the drop tube is open and free of blockage (if present)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present
5. Flapper is adjusted to shut off flow at 95% capacity?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

A "No" to any item in Lines 1-5 indicates a test failure.

**BALL FLOAT VALVE INSPECTION**

1. Tank top fittings are vapor-tight and leak-free?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Ball float cage free of debris?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Ball is free of holes and cracks and moves freely in cage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Vent hole in pipe is open and near top of tank?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Ball float pipe is proper length to restrict flow at 90% capacity?*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

A "No" to any item in Lines 1-5 indicates a test failure.

<b>Test Results</b>	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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\* Use manufacturer's suggested procedure for determining if automatic shutoff device will shut off flow at 95% capacity.  
\*\* Use manufacturer's suggested procedure for determining if flow restriction device will restrict flow at 90% capacity.

**Comments:**  Checked all tanks for ball floats  
 No ball floats present in any tank



**OVERFILL ALARM  
OPERATION INSPECTION**

This procedure is to determine whether the high level alarm is operational and will trigger when the tank is no more than 90% full. See PEI/RP1200, Section 7.3 for the inspection procedure. This procedure is applicable to tank level monitor stems that touch the bottom of the tank when in place.

Tank Number				
Product Stored				
Tank Level Monitor Brand and Model				
1. Tank Volume, gallons				
2. Tank Diameter, inches				
3. Does the overfill alarm activate in the test mode at the console?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. When activated, can the overfill alarm be heard or seen while delivering to the tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. After removing the probe from the tank, has it been inspected and any damaged or missing parts replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Float moves freely on the stem without binding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does moving product level float up the stem trigger alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Inch level from bottom of stem when 90% alarm is triggered.				
9. Tank volume at inch level in Line 8.				
10. Calculate (Line 9 / Line 1) x 100				
11. Is Line 10 less than 90%?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does the fuel float level on the console agree with the gauge stick reading?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does the overfill alarm activate at any product level above 90% tank capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any answers in Lines 3, 4, 5, 6, 7 or 11 are "No", or Line 13 is "Yes", the system has failed the test.

<b>Test Results</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Comments:**  
 No external overfill.  
 IN Cert# UC111521 PEI Certified

Tester's Name Justin Stout Tester's Signature 

Date 7-7-2023


Site Name/number SSA 1213

City/State Kokomo, IN

update 3/24/23 KP

**Overfill Equipment Check Worksheet (Drop Tubes 95%)**

Tank number (from ATG)	4								
Product	KER								
Drop tube Make/Model	Straight								
Actual Tank Capacity	3918								
<b>OPW 7150</b>									
Upper Tube Length (D)									
Distance from the inlet tube flange to the bottom of cut (W)									
Distance from the inlet tube flange to the top of of cut (U)									
Distance from inlet tube flange to bottom of tank (B)									
Note: If a tank bottom protector is present (OPW 6111 & 61TP add 0.6")									
Using tank chart 100% volume (Y)	"	"	"	"	"	"	"	"	"
Subtract (B)-(D)-2" = (X)									
Convert (X) to gallons	gals	gals	gals	gals	gals	gals	gals	gals	gals
(Y) tank capacity in gallons									
Shut off percent (X)÷(Y)x100									
Inches off bottom (Top of cut to bottom of tank) more than 6" call in									
<b>EMCO WHEATON A1100</b>									
A (bottom of tank to top of fill adapter)									
subtract B (top of drop tube to top of fill adapter)									
Subtract A - B =									
subtract 4.50" (equals C)									
compare C to tank chart	gals	gals	gals	gals	gals	gals	gals	gals	gals
using tank chart multiply total tank capacity by 95%	gals	gals	gals	gals	gals	gals	gals	gals	gals
using tank chart convert 95% gals to inches	"	"	"	"	"	"	"	"	"
Shut off percent C ÷ total capacity									
Inches off bottom (Top of cut to bottom of tank) more than 6" call in									

OVER for Franklin Fueling (EBW) & Ball Floats 

**Overfill Equipment Check Worksheet (Drop Tubes 95%)**







Speedway LLC.

Store# 1213 / 43653

Work Order# 001106295657 (T00002183025)

298 S 00 Ew. KOKOMO, IN

Printed: 06/10/2024

Technicians

WO Assigned: (00X3) Burt, David 765-432-0437 ( Manager: Kleinen 937-206-1887 )

Store Assigned: (005G) Dishoungh, Kennie 317-391-1895

Work Order Date: 11/02/2022 14:37

Priority: Emergency Status: Released (Open/Sent to Tech) (REL)

Activity Type: Problem / Breakdown / Repair (130)

Order Type: Recurring Maintenance

Expense Class: Equipment

Expense Type: Equipment

Function Location 3: Ust Equipment

Function Location 4: Tanks

Work Order Description

KER has a straight drop tube and the ball float is missing. Please have an overflow drop tube installed.

Verified: 11/03/2022 14:48 By: Abbi

Vendor: M & M Service Inc (MID VALLEY)

Notes/Comment:

Work Event	Technician	Travel Start / End	Work Start / End	Travel Time	Total Time	Part \$	Labor \$	Total \$
11/03/2022	00X3 David Burt	03:06 / 03:22	- / -	.27	.27	\$0.00	\$16.20	\$16.20
	Status: Travel Home	Resolution: Travel Home						
11/03/2022	00X3 David Burt	02:07 / 02:15	02:15 / 03:06	.13	.98	\$0.00	\$58.80	\$58.80
	Status: Open	Resolution: Todd from M&m need k1 adapter. Old cracked coming out to replace drip tube						
11/03/2022	00X3 David Burt	08:38 / 08:46	08:46 / 09:35	.13	.95	\$99.12	\$57.00	\$156.12
	Status: Open	Resolution: Talked with Darrin at M&m. They are also working on pump 12 calibration issue on meter and pump 7&8 offline no power to control board.						
Part: (2)		Cost: \$49.56	Material#: 91704011	Part Number: 405C0100AC	Type: CAP-MISC			
Description: CAP, 4" SIDE SEAL FOR KEROSENE FILLS ONLY								
Manufacturer: Morrison								
<b>Cost Totals:</b>						<b>\$99.12</b>	<b>\$132.00</b>	<b>\$231.12</b>



Speedway LLC.

Store# 1213 / 43653

Work Order# 001106295657 (T00002183025)

298 S 00 Ew. KOKOMO, IN

Printed: 06/10/2024

Invoice 122648IN

M & M Service Inc (MID VALLEY)

Date: 11/10/2022

Vendor#: 906317

Invoice Amount: \$752.31

AFE#: NONE

Gross Amount NonTax: \$752.31

Total Tax: \$.00

1099 Reportable: \$547.75

Work Description: SOLUTION: 11/3/22, DW, TC, Tech arrived onsite and replaced pump control board and checked tolerances. Recalibrated dispenser #12 DSL. Checked tolerances & sealed dispenser. Site will replace K-1 spill bucket. Verified operation and all tested ok.

Capital Assets

There are NO Capital Assets listed for this work order.

Parts

Name/ID	Description	Count	Cost	Total
WIRE LEAD SEALS	WIRE LEAD SEALS	1	\$1.00	\$1.00
PUMP CONTROLLER	PUMP CONTROLLER	1	\$173.56	\$173.56
SERVICE FEE	SERVICE FEE	1	\$30.00	\$30.00
			(%) Tax:	
			Total:	

Labor

Personnel	Notes	Hours	Rate	Total
DARIN W	DARIN W	4.25	\$88.00	\$374.00
			(%) Tax:	
			Total:	

Travel

Type	Notes	Units	Rate	Total
Trip Charge	TRIP CHARGE	1	\$173.75	\$173.75
			(%) Tax:	
			Total:	

Sub-Contractor

There are NO Sub-Contractor listed for this work order.

Equipment Rental

There are NO Equipment Rental listed for this work order.

Grand Total

Technician Total:	\$231.12
Vendor Invoice Total:	\$752.31
Grand Total:	\$983.43

**UST OVERFILL EQUIPMENT INSPECTION  
AUTOMATIC SHUTOFF DEVICE AND BALL FLOAT VALVE**

Facility Name: SSA 1213	Owner: Speedway, LLC
Address: 298 S CR 00 EW	Address: 600 Speedway Dr
City, State, Zip Code: Kokomo, IN 46902	City, State, Zip Code: Enon, OH
Facility I.D. #:	Phone #:
Testing Company: US Tank Alliance	Phone #: (440) 238-7705
	Date: 10/30/22

This data sheet is for inspecting automatic shutoff devices and ball float valves. See PEI/RP1200, Section 7 for inspection procedures.

Product Grade	RUL	PUL	DSL	KER		
Tank Number	1	2	3	4		
Tank Volume, gallons	14947	9728	3918	3918		
Tank Diameter, inches	119	92	72	72		
Overfill Prevention Device Brand	OPW 7150	OPW 7150	OPW 7150	Ball Point		
Type	<input checked="" type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input checked="" type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input checked="" type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input checked="" type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve

**AUTOMATIC SHUTOFF DEVICE INSPECTION**

1. Drop tube removed from tank?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Drop tube and float mechanisms are free of debris?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Float moves freely without binding and poppet moves into flow path?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Bypass valve in the drop tube is open and free of blockage (if present)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present
5. Flapper is adjusted to shut off flow at 95% capacity?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

A "No" to any item in Lines 1-5 indicates a test failure.

**BALL FLOAT VALVE INSPECTION**

1. Tank top fittings are vapor-tight and leak-free?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Ball float cage free of debris?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Ball is free of holes and cracks and moves freely in cage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Vent hole in pipe is open and near top of tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Ball float pipe is proper length to restrict flow at 90% capacity?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

A "No" to any item in Lines 1-5 indicates a test failure.

<b>Test Results</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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\* Use manufacturer's suggested procedure for determining if automatic shutoff device will shut off flow at 95% capacity.  
 \*\* Use manufacturer's suggested procedure for determining if flow restriction device will restrict flow at 90% capacity.

**Comments:**  Checked all tanks for ball floats  
 No ball floats present in any tank

**OVERFILL ALARM  
OPERATION INSPECTION**

This procedure is to determine whether the high level alarm is operational and will trigger when the tank is no more than 90% full. See PEI/RP1200, Section 7.3 for the inspection procedure. This procedure is applicable to tank level monitor stems that touch the bottom of the tank when in place.

Tank Number				
Product Stored				
Tank Level Monitor Brand and Model				
1. Tank Volume, gallons				
2. Tank Diameter, inches				
3. Does the overfill alarm activate in the test mode at the console?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. When activated, can the overfill alarm be heard or seen while delivering to the tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. After removing the probe from the tank, has it been inspected and any damaged or missing parts replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Float moves freely on the stem without binding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does moving product level float up the stem trigger alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Inch level from bottom of stem when 90% alarm is triggered.				
9. Tank volume at inch level in Line 8.				
10. Calculate (Line 9 / Line 1) x 100				
11. Is Line 10 less than 90%?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does the fuel float level on the console agree with the gauge stick reading?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does the overfill alarm activate at any product level above 90% tank capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any answers in Lines 3, 4, 5, 6, 7 or 11 are "No", or Line 13 is "Yes", the system has failed the test.				
<b>Test Results</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>Comments:</b> No external overfill.				

Tester's Name Tony Walters

Tester's Signature

*Anthony Walters*



7400 Skyline Drive E \* Columbus, OH 43235 \* (614) 923-0154

<b>SPILL BUCKET INTEGRITY TESTING HYDROSTATIC TEST METHOD SINGLE AND DOUBLE-WALLED VACUUM TEST METHOD</b>						
Facility Name: Speedway #1213			Owner: Speedway,LLC			
Address: 298 S C-R 00 EW			Address: 600 Speedway Dr			
City, State, Zip Code: Kokomo,IN			City, State, Zip Code: Enon,OH			
Facility I.D. #:			Phone #:			
Testing Company: US Tank Alliance			Phone #: (440) 238-7705		Date: 1-30-24	
This procedure is to test the leak integrity of single- and double-walled spill buckets. See PEI/RP1200, Section 6.2 for hydrostatic test method, Section 6.3 for single-walled vacuum test method and Section 6.4 for double-walled vacuum test method.						
Tank Number	2	4				
Product Stored	PUL	K-1				
Spill Bucket Capacity	5 GAL	5 GAL				
Manufacturer	OPW	OPW				
Construction	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
Test Type	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
Spill Bucket Type	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor
Liquid and debris removed from spill bucket?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visual Inspection (No cracks, loose parts or separation of the bucket from the fill pipe.)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Tank riser cap included in test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is drain valve included in test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Starting Level	15	14				
Test Start Time	11:46	11:50				
Ending Level	15	14				
Test End Time	12:46	12:50				
Test Period	1 HR	1 HR				
Level Change	0	0				
Pass/fail criteria: Must pass visual inspection. Hydrostatic: Water level drop of less than 1/8 inch; Vacuum single-walled only: Maintain at least 26 inches water column; Vacuum double-walled: maintain at least 12 inches water column.						
<b>Test Results</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>Comments:</b> IN Cert #UC2020OH13710 PEI Certified						

\*All liquids and debris must be disposed of properly.

Tester's Name Bob Lutz

Tester's Signature



Speedway LLC.

Store# 1213 / 43653

Work Order# 001107012881 (T00002819869)

298 S 00 Ew. KOKOMO, IN

Printed: 06/10/2024

Technicians

WO Assigned: (001Y) Mckibben, Jamie 317-670-7644 ( Manager: Kleinen 937-206-1887 )

Store Assigned: (005G) Dishoungh, Kennie 317-391-1895

Work Order Date: 12/07/2023 17:47

Priority: Emergency Status: Released (Open/Sent to Tech) (REL)

Activity Type: Problem / Breakdown / Repair (130)

Order Type: Recurring Maintenance

Expense Class: Equipment

Expense Type: Equipment

Function Location 3: Ust Equipment

Function Location 4: Tanks

Work Order Description

PUL & KER spill buckets failed due to a separation 1" up from bottom of buckets. Tech painted red and pics are available.

Verified: 01/03/2024 17:12 By: Kasara

Vendor: Rcm Corp

Notes/Comment:

Work Event	Technician	Travel Start / End	Work Start / End	Travel Time	Total Time	Part \$	Labor \$	Total \$
12/08/2023	001Y Jamie Mckibben	03:06 / 03:50	03:50 / 04:00	.73	.90	\$0.00	\$54.00	\$54.00
	Status: Open	Resolution: Investigated issue. Has to be contracted to RCM						
<b>Cost Totals:</b>						<b>\$0.00</b>	<b>\$54.00</b>	<b>\$54.00</b>



Speedway LLC.

Store# 1213 / 43653

Work Order# 001107012881 (T00002819869)

298 S 00 Ew. KOKOMO, IN

Printed: 06/10/2024

**Invoice 31225**

**Rcm Corp**

Date: 01/03/2024

Vendor#: 907601

Invoice Amount: \$3,600.00

AFE#: NONE

Gross Amount NonTax: \$3,600.00

Total Tax: \$.00

1099 Reportable: \$3,600.00

Work Description: AS PER QUOTE: Replace PUL and K-1 spill buckets

**Capital Assets**

There are NO Capital Assets listed for this work order.

**Parts**

There are NO Parts listed for this work order.

**Labor**

Personnel	Notes	Hours	Rate	Total
AS PER QUOTE	-	1	\$3,600.00	\$3,600.00
			(%) Tax:	
			Total:	

**Travel**

There are NO Travel listed for this work order.

**Sub-Contractor**

There are NO Sub-Contractor listed for this work order.

**Equipment Rental**

There are NO Equipment Rental listed for this work order.

**Grand Total**

Technician Total: \$54.00

Vendor Invoice Total: \$3,600.00

Grand Total: \$3,654.00



7400 Skyline Drive E \* Columbus, OH 43235 \* (614) 923-0154

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

Facility Name: SSA 1213	Owner: Speedway, LLC	
Address: 298 S C-R 00 EW	Address: 600 Speedway Dr	
City, State, Zip Code: Kokomo, IN	City, State, Zip Code: Enon, OH	
Facility I.D. #:	Phone #:	
Testing Company: US Tank Alliance	Phone #: (440) 238-7705	Date: 12-7-2023

This procedure is to test the leak integrity of single- and double-walled spill buckets. See PEI/RP1200, Section 6.2 for hydrostatic test method, Section 6.3 for single-walled vacuum test method and Section 6.4 for double-walled vacuum test method.

Tank Number	T1 SB	T2 SB	T3 SB	T4 SB		
Product Stored	RUL	PUL	DSL	KER		
Spill Bucket Capacity	5 gallon	5 gallon	5 gallon	5 gallon		
Manufacturer	OPW	OPW	OPW	OPW		
Construction	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
Test Type	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
Spill Bucket Type	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor	<input type="checkbox"/> Product <input type="checkbox"/> Vapor
Liquid and debris removed from spill bucket?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visual Inspection (No cracks, loose parts or separation of the bucket from the fill pipe.)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Tank riser cap included in test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is drain valve included in test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Starting Level	11"	12"	12"	11"		
Test Start Time	3:51	3:52	3:53	3:54		
Ending Level	11"	1"	12"	1"		
Test End Time	4:51	4:52	4:53	4:45		
Test Period	1 hr	1 hr	1 hr	1 hr		
Level Change	0	11"	0	10"		

Pass/fail criteria: Must pass visual inspection. Hydrostatic: Water level drop of less than 1/8 inch; Vacuum single-walled only: Maintain at least 26 inches water column; Vacuum double-walled: maintain at least 12 inches water column.

<b>Test Results</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Comments:** IN cert # UC2020OH13710 PEI Certified

\*All liquids and debris must be disposed of properly.

Tester's Name Bob Lutz

Tester's Signature





7400 Skyline Drive E \* Columbus, OH 43234 \* (614) 923-0154

**CONTAINMENT SUMP INTEGRITY TESTING  
HYDROSTATIC TESTING METHOD**

Facility Name: SSA 1213	Owner: Speedway, LLC	
Address: 298 C-R 00 EW	Address: 600 Speedway Dr	
City, State, Zip Code: Kokomo, IN	City, State, Zip Code: Enon, OH	
Facility I.D. #:	Phone #:	
Testing Company: US Tank Alliance	Phone #: (440) 238-7705	Date: 12-7-2023

This procedure is to test the leak integrity of containment sumps. See PEI/RP1200, Section 6.5 for the test method.

Containment Sump ID	T1 RUL STP	T2 PUL STP	T3 DSL STP	T4 KER UDC		
Containment Sump Material	Fiber glass	Fiber glass	Fiber glass	Fiber glass		
Liquid and debris removed from sump?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visual Inspection (No cracks, loose parts or separation of the containment sump.)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Containment Sump Depth	41"	44"	41"	29"		
Height From Bottom to Top of Highest Penetration	15"	16"	18"	9"		
Starting Water Level	41"	44"	41"	29"		
Test Start Time	4:00	4:05	4:10	4:14		
Ending Water Level	41"	44"	41"	29"		
Test End Time	5:00	5:05	5:10	5:14		
Test Period (Minimum test time: 1 hour)	1 hr	1 hr	1 hr	1 hr		
Water Level Change	0	0	0	0		

Pass/fail criteria: Must pass visual inspection. Water level drop of less than 1/8 inch.

<b>Test Results</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Comments:**  
IN cert # UC2020OH13710 PEI Certified

\*All liquids and debris must be disposed of properly.

Tester's Name Bob Lutz Tester's Signature 



7400 Skyline Drive E \* Columbus, OH 43234 \* (614) 923-0154

**CONTAINMENT SUMP INTEGRITY TESTING  
HYDROSTATIC TESTING METHOD**

Facility Name: SSA 1213	Owner: Speedway, LLC	
Address: 298 S C-R 00 EW	Address: 600 Speedway Dr	
City, State, Zip Code: Kokomo, IN	City, State, Zip Code: Enon, OH	
Facility I.D. #:	Phone #:	
Testing Company: US Tank Alliance	Phone #: (440) 238-7705	Date: 12-7-2023

This procedure is to test the leak integrity of containment sumps. See PEI/RP1200, Section 6.5 for the test method.


Containment Sump ID	UDC 1-2	UDC 3-4	UDC 5-6	UDC 7-8	UDC 9-10	UDC 11-12
Containment Sump Material	Poly	Poly	Poly	Poly	Poly	Poly
Liquid and debris removed from sump?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Visual Inspection (No cracks, loose parts or separation of the containment sump.)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Containment Sump Depth	17"	17"	17"	17"	17"	17"
Height From Bottom to Top of Highest Penetration	8"	8"	8"	8"	8"	8"
Starting Water Level	17"	17"	17"	17"	17"	17"
Test Start Time	4:16	4:19	4:22	4:25	4:28	4:31
Ending Water Level	17"	17"	17"	17"	17"	17"
Test End Time	5:16	5:19	5:22	5:25	5:28	5:31
Test Period (Minimum test time: 1 hour)	1 hr	1 hr	1 hr	1 hr	1 hr	1 hr
Water Level Change	0	0	0	0	0	0

Pass/fail criteria: Must pass visual inspection. Water level drop of less than 1/8 inch.

<b>Test Results</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Comments:** IN cert # UC2020OH13710 PEI Certified

\*All liquids and debris must be disposed of properly.

Tester's Name Bob Lutz Tester's Signature 



7400 Skyline Drive East  
Columbus, OH 43235  
(614) 923-0154

AUTOMATIC TANK GAUGE OPERATION INSPECTION				
Facility Name: SSA 1213		Owner: Speedway, LLC		
Address: 298 S C-R 00 EW		Address: 600 Speedway Dr		
City, State, Zip Code: Kokomo, IN		City, State, Zip Code: Enon, OH		
Facility I.D. #:		Phone #:		
Testing Company: US Tank Alliance		Phone #: (614) 923-0154	Date: 11/1/23	
This procedure is to determine whether the ATG is operating properly. See PEI/RP1200, Section 8.2 for the inspection procedure. This procedure is applicable to tank level monitor stems that touch the bottom of the tank when in place.				
Tank Number	1	2	3	4
Product Stored	RUL	PUL	DSL	KER
ATG Brand and Model	Veeder Root	Veeder Root	Veeder Root	Veeder Root
1. Tank Volume, gallons	14947	9728	3918	3918
2. Tank Diameter, inches	119	92	72	72
3. After removing the ATG from the tank, has it been inspected and any damaged or missing parts replaced?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Float moves freely on the stem without binding?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the fuel float level agree with the value programmed into the console?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the water float level agree with the value programmed into the console?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. Inch level from bottom of stem when 90% alarm is triggered.	99	74	64	64
8. Does inch level at which the overfill alarm activates correspond with value programmed in the gauge?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Inch level from the bottom when the water float first triggers an alarm.	1"	1"	1"	1"
10. Does inch level at which the water float alarm activates correspond with value programmed in the gauge?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If any answers in Lines 3, 4, 5, or 6 are "No," the system has failed the test.				
<b>Test Results</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

COMMENTS: IN cert # UC2020OH13710 PEI Certified

TECH NAME: Bob Lutz

TECH SIGNATURE: Bob Lutz







7400 Skyline Drive E \* Columbus, OH \* (614) 923-0154

**LIQUID SENSOR FUNCTIONALITY TESTING**

Facility Name: SSA 1213      Owner: Speedway, LLC  
 Address: 298 S CR 00 EW      Address: 600 Speedway Dr  
 City, State, Zip Code: Kokomo, IN      City, State, Zip Code: Enon, OH  
 Facility I.D. #: \_\_\_\_\_      Phone #: \_\_\_\_\_  
 Testing Company: US Tank Alliance      Date: 11-1-2023

This procedure is to determine whether liquid sensors located in the interstitial space of UST systems are able to detect the presence of water and fuel. See PEI/RP1200 Section 8.3 for the test procedure.

Sensor Location	L1 STP	L2 STP	L3 STP			
Product Stored	RUL	PUL	DSL			
Type of Sensor	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating	<input type="checkbox"/> Discriminating <input checked="" type="checkbox"/> Non-discriminating
Test Liquid	<input type="checkbox"/> Water <input checked="" type="checkbox"/> Product	<input type="checkbox"/> Water <input checked="" type="checkbox"/> Product	<input type="checkbox"/> Water <input checked="" type="checkbox"/> Product	<input type="checkbox"/> Water <input checked="" type="checkbox"/> Product	<input type="checkbox"/> Water <input checked="" type="checkbox"/> Product	<input type="checkbox"/> Water <input checked="" type="checkbox"/> Product
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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the sensor alarm circuit operational?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has sensor been inspected and in good operating condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
When placed in the test liquid, does the sensor trigger an alarm?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
When an alarm is triggered, is the sensor properly identified on the ATG console?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Any "No" answers indicates the sensor fails the test.

**Test Results**       Pass    Fail       Pass    Fail       Pass    Fail       Pass    Fail       Pass    Fail

**Comments:**

Tester's Name (print) Bob Lutz      Tester's Signature [Signature]



7400 Skyline Drive E \* Columbus, OH 43235 \* (614) 923-0154

**MECHANICAL AND ELECTRONIC LINE LEAK DETECTORS  
PERFORMANCE TESTS**

Facility Name: SSA 1213	Owner: Speedway, LLC	
Address: 298 S. County Road 00 EW	Address: 600 Speedway Dr	
City, State, Zip Code: Kokomo, IN	City, State, Zip Code: Enon, OH	
Facility I.D. #:	Phone #:	
Testing Company: US Tank Alliance	Phone #: (440) 238-7705	Date: 11-1-2023

This data sheet can be used to test mechanical line leak detectors (MLLD) and electronic line leak detectors (ELLD) with submersible turbine pump (STP) systems. See PEI/RP1200 Sections 9.1 and 9.2 for test procedures.

Line Number	1	2	3			
Product Stored	RUL	PUL	DSL			
Leak Detector Manufacturer	Veeder Root	Veeder Root	Veeder Root			
Leak Detector Model	PLLD	PLLD	PLLD			
Type of Leak Detector	<input type="checkbox"/> MLLD <input checked="" type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input checked="" type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input checked="" type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input type="checkbox"/> ELLD	<input type="checkbox"/> MLLD <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the leak detector reset (trip) when the line pressure is bled off to zero psig?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the STP properly cycle on/off under normal fuel system operation conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

A "No" answer to either of the above questions indicates the MLLD fails the test.

**ELLD (ALL PRESSURE MEASUREMENTS ARE MADE IN PSIG)**

STP Full Operating Pressure	29	29	29			
How many test cycles are observed before alarm/shutdown occurs?	2	2	2			
Does the simulated leak cause an alarm?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A "No" answer to the above question indicates the ELLD fails the test.						
Does the simulated leak cause an STP shutdown?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Test Results</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

**Comments:** IN cert # UC2020OH13710 PEI Certified

Tester's Name (print) Bob Lutz

Tester's Signature

*Bob Lutz*



Site Name: Speedway

Site Number: 1213

Date: 11-1-2023

- Tested at farthest dispenser from tank pad (Line and/or LD testing)
- Operating pressure checked at farthest dispenser from tank pad (Line and/or LD testing)
- LDs were tested "as is", nothing was isolated (valved off) for test (LD testing only)
- Printouts for ELLD tests have been attached

Lines and/or LD tested from dispenser #: 3-4 & 11-12

Any suction lines?  \*YES  NO      Product: KER       \*VUP  \*VAT

If this is after construction or repair, was final cover down?  YES  NO



7400 Skyline Drive E \* Columbus, OH 43235 \* (614) 923-0154

**SHEAR VALVE OPERATION INSPECTION**

Facility Name: SSA 1213	Owner: Speedway, LLC
Address: 298 S. CR 00 EW	Address: 600 Speedway Dr
City, State, Zip Code: Kokomo, IN	City, State, Zip Code: Enon, OH
Facility I.D. #:	Phone #:
Testing Company: US Tank Alliance	Phone #: 440-238-7705
	Test Date: 11-27-2023

This data sheet is for inspecting shear valves located inside dispensers. See PEI/RP1200 Section 10 for the inspection procedure.

Product Grade	RUL	PUL	DSL				
Dispenser ID#	11-12	11-12	11-12				
Shear Valve Type (Product/Vapor)	Product	Product	Product				
1. Is the shear valve rigidly anchored to the dispenser box frame or dispenser island?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the shear section positioned between 1/2 inch above or below the top surface of the dispenser island?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the lever arm free to move?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
4. Does the lever arm snap shut the poppet valve?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
5. Can any product be dispensed when the product shear valve is closed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

A "No" to Lines 1-4 or a "Yes" for Line 5 indicates a test failure.

Test Results	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Comments:** IN Cert # UC20098339 PEI Certified

Tester's Name (print) Anthony Walters Tester's Signature Anthony Walters





Speedway LLC.

Store# 1213 / 43653

Work Order# 001106960099 (T00002770553)

298 S 00 Ew. KOKOMO, IN

Printed: 06/10/2024

Technicians

WO Assigned: (001Y) Mckibben, Jamie 317-670-7644 ( Manager: Kleinen 937-206-1887 )

Store Assigned: (005G) Dishoungh, Kennie 317-391-1895

Work Order Date: 11/02/2023 11:36

Priority: Emergency Status: Released (Open/Sent to Tech) (REL)

Activity Type: Problem / Breakdown / Repair (130)

Order Type: Recurring Maintenance

Expense Class: Dispensers

Expense Type: Dispensers

Function Location 3: Dispenser

Function Location 4: Dispensers

Work Order Description

Unable to test the impacts in #11/12 due to dispenser was bagged off on arrival. Please let us know when dispenser is back up and running.

Verified: 11/02/2023 12:52 By: Abby

Technician: (001Y) Jamie Mckibben

Notes/Comment:

Work Event	Technician	Travel Start / End	Work Start / End	Travel Time	Total Time	Part \$	Labor \$	Total \$
11/02/2023	001Y Jamie Mckibben	11:58 / 12:01	12:01 / 01:16	.05	1.30	\$0.00	\$78.00	\$78.00
	Status: Completed	Resolution: Pump 11 was bagged off due to hose pull. Inspected and reattached hose. Pump 12 was bagged due to weights and measure. It is no longer tagged. Issues have been resolved						
<b>Cost Totals:</b>						<b>\$0.00</b>	<b>\$78.00</b>	<b>\$78.00</b>



# ANNUAL SHEAR VALVE TESTING

7400 Skyline Drive E  
Columbus, OH 43235  
(614) 923-0154

- This form may be utilized to document testing of shear valves (a.k.a. impact, crash, safety or fire valves).
- Testing of all shear valves is required at least once every 12 months.
- In the absence of an approved 3<sup>rd</sup> party test procedure or manufacturer's recommended practice, the procedure outlined below.

**Date of Test**  
**11-1-2023**

### UST Facility

### Person Conducting Test

Facility Name <b>SSA 1213</b>		Facility ID #	Tester's Name <b>Bob Lutz</b>	
Physical Address <b>298 S CR 00 EW</b>			Company <b>US Tank Alliance</b>	
City <b>Kokomo</b>	County	State <b>IN</b>	Certification #	Expiration Date
UST Owner			Tester's Signature 	

### Shear Valve Test Procedure

1. Visually inspect the shear valve for proper installation and anchoring. The portion of the shear valve located below the shear section must be rigidly anchored to the dispenser box frame or the concrete dispenser island.
2. Manually trip the shear valve lever arm. The lever arm must move freely into the tripped position without the use of force to do so. Lever arm must quickly snap shut the poppet valve.
3. Energize the pump and attempt to dispense fuel from the corresponding nozzle into a suitable container.
4. The shear valve must effectively interrupt the flow of fuel so that no fuel is dispensed from the nozzle.
5. Return the nozzle to the hanging position. Return the lever arm to its proper open position.

### Test Data

Shear Valve ID	Dispenser #	1-2	1-2	3-4	3-4	5-6	5-6	7-8	7-8	9-10	9-10
	Product	RUL	PUL	RUL	PUL	RUL	PUL	RUL	PUI	RUL	PUL
	Anchored Properly?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Lever arm moves freely?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Lever arm quickly snaps shut the poppet valve?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Can product be dispensed when valve is closed?	No	No	No	No	No	No	No	No	No	No
	<b>Pass or Fail</b>	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass

Shear Valve ID	Dispenser #	9-10	RUL	PUL	DSL						
	Product	DSL	11-12	11-12	11-12						
	Anchored Properly?	Yes			Yes						
	Lever arm moves freely?	Yes			Yes						
	Lever arm quickly snaps shut the poppet valve?	Yes			Yes						
	Can product be dispensed when valve is closed?	No			No						
	<b>Pass or Fail</b>	Pass			Pass						

Shear Valve ID	Dispenser #										
	Product										
	Anchored Properly?										
	Lever arm moves freely?										
	Lever arm quickly snaps shut the poppet valve?										
	Can product be dispensed when valve is closed?										
	<b>Pass or Fail</b>										

**Comments:**

IN cert # UC2020OH13710 PEI Certified

Speedway LLC.

Tank Compliance Report

Store# 1213

Facility ID# 002409

298 S 00 Ew KOKOMO, IN

Last 12 Months - Reported 06/10/2024

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**- Regular -**

**Tank# 4 - Sensor# 1**

RD Method - CSLD

06/10/2024 Pass	05/11/2024 Pass	04/11/2024 Pass	03/12/2024 Pass	02/11/2024 Pass	01/12/2024 Pass
12/13/2023 Pass	11/13/2023 Pass	10/14/2023 Pass	09/14/2023 Pass	08/15/2023 Pass	07/16/2023 Pass
06/16/2023 Pass	05/17/2023 Pass				

**- Premium -**

**Tank# 5 - Sensor# 2**

RD Method - CSLD

06/10/2024 Pass	05/11/2024 Pass	04/11/2024 Pass	03/12/2024 Pass	02/11/2024 Pass	01/12/2024 Pass
12/13/2023 Pass	11/13/2023 Pass	10/14/2023 Pass	09/14/2023 Pass	08/15/2023 Pass	07/16/2023 Pass
06/16/2023 Pass	05/17/2023 Pass				

**- Diesel -**

**Tank# 6 - Sensor# 3**

RD Method - CSLD

06/10/2024 Pass	05/11/2024 Pass	04/11/2024 Pass	03/12/2024 Pass	02/11/2024 Pass	01/12/2024 Pass
12/13/2023 Pass	11/13/2023 Pass	10/14/2023 Pass	09/14/2023 Pass	08/15/2023 Pass	07/16/2023 Pass
06/16/2023 Pass	05/17/2023 Pass				

**- Kerosene -**

**Tank# 7 - Sensor# 4**

RD Method - CSLD

06/10/2024 Pass	05/11/2024 Pass	04/11/2024 Pass	03/12/2024 Pass	02/11/2024 Pass	01/12/2024 Pass
12/13/2023 Pass	11/13/2023 Pass	10/14/2023 Pass	09/14/2023 Pass	08/15/2023 Pass	07/16/2023 Pass
06/16/2023 Pass	05/17/2023 Pass				

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Speedway LLC.

Store# 1213

3 GPH Line Compliance Report

Facility ID# 002409

298 S 00 Ew KOKOMO, IN

Last 12 Months - Reported 06/10/2024

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**- Regular -**

**Tank# 4 - Sensor# 1**

RD Method - INT SUMP

06/10/2024 Pass	05/11/2024 Pass	04/11/2024 Pass	03/12/2024 Pass	02/11/2024 Pass	01/12/2024 Pass
12/13/2023 Pass	11/13/2023 Pass	10/15/2023 Pass	09/15/2023 Pass	08/16/2023 Pass	07/17/2023 Pass
06/17/2023 Pass	05/18/2023 Pass				

**- Premium -**

**Tank# 5 - Sensor# 2**

RD Method - INT SUMP

06/10/2024 Pass	05/11/2024 Pass	04/11/2024 Pass	03/12/2024 Pass	02/11/2024 Pass	01/12/2024 Pass
12/13/2023 Pass	11/13/2023 Pass	10/15/2023 Pass	09/15/2023 Pass	08/16/2023 Pass	07/17/2023 Pass
06/17/2023 Pass	05/18/2023 Pass				

**- Diesel -**

**Tank# 6 - Sensor# 3**

RD Method - INT SUMP

06/09/2024 Pass	05/10/2024 Pass	04/10/2024 Pass	03/11/2024 Pass	02/10/2024 Pass	01/11/2024 Pass
12/12/2023 Pass	11/12/2023 Pass	10/14/2023 Pass	09/14/2023 Pass	08/15/2023 Pass	07/16/2023 Pass
06/16/2023 Pass	05/17/2023 Pass				

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Speedway LLC.

Store# 1213

Sump Sensor Compliance Report

Facility ID# 002409

298 S 00 Ew KOKOMO, IN

Last 12 Months - Reported 06/10/2024

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**- Regular -**

**Tank# 4 - Sensor# 1**

STP Sump Sensor

06/10/2024 Normal	05/11/2024 Normal	04/11/2024 Normal	03/12/2024 Normal	02/11/2024 Normal	01/12/2024 Normal
12/13/2023 Normal	11/13/2023 Normal	10/14/2023 Normal	09/14/2023 Normal	08/15/2023 Normal	07/16/2023 Normal
06/16/2023 Normal	05/17/2023 Normal				

**- Premium -**

**Tank# 5 - Sensor# 2**

STP Sump Sensor

06/10/2024 Normal	05/11/2024 Normal	04/11/2024 Normal	03/12/2024 Normal	02/11/2024 Normal	01/12/2024 Normal
12/13/2023 Normal	11/13/2023 Normal	10/14/2023 Normal	09/14/2023 Normal	08/15/2023 Normal	07/16/2023 Normal
06/16/2023 Normal	05/17/2023 Normal				

**- Diesel -**

**Tank# 6 - Sensor# 3**

STP Sump Sensor

06/10/2024 Normal	05/11/2024 Normal	04/11/2024 Normal	03/12/2024 Normal	02/11/2024 Normal	01/12/2024 Normal
12/13/2023 Normal	11/13/2023 Normal	10/14/2023 Normal	09/14/2023 Normal	08/15/2023 Normal	07/16/2023 Normal
06/16/2023 Normal	05/17/2023 Normal				

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# USTNKALLIANCE - Indiana

## 7-ELEVEN, INC

43653/1213

298 S. 00 EW

KOKOMO, IN 46902-4902

State ID: 2409



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
5/22/2024	5/22/2024	Marcus Jackson	-	-

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>RECORD KEEPING (Copies of All Documents located in SEEDS)</b>					<b>0</b>
Current Years Financial Responsibility Document available?	Yes		PASS	0	N/A
UST Permit / Certificate to Operate Available and Not Expired?	Yes		PASS	0	N/A
Emergency Response Plan Available?	Yes		PASS	0	N/A
Current Years Release Detection Records available?	Yes		PASS	0	N/A
State/7-11 monthly Inspection Forms completed and available, (12 months worth) and picture uploaded? (Required STATES: IL, KS, OH, TN)	Yes		PASS	0	N/A
<b>UST Operator Documenta</b>					<b>0</b>
Class C Operator Training Certificates Available for All Employees? (If Not, List Employee's Name) (ILINOIS recertification required every 2 years)	Yes		PASS	0	N/A
Class A/B Operator Certificate (s) available?	Yes		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>FACILITY</b>					<b>0</b>
<b>Automatic Tank Gauge</b>					<b>0</b>
ATG Accessible to Employees (no obstruction)?	Yes		PASS	0	N/A
Is the ATG in alarm?	Yes	Delivery Needed	FAIL	1	N/A
Were ATG reports printed and photo of tapes taken?	Yes		PASS	1	N/A
Is the ATG Printer working? (Replace paper if needed)	Yes		PASS	0	N/A
<b>Emergency Shut Off</b>					<b>0</b>
Is there a ESO Accessible to Employees?	Yes		PASS	0	N/A
Is ESO Damaged? (If YES, describe damaged)	No		PASS	0	N/A
<b>Fire Extinguishers</b>					<b>0</b>
Is there a Fire Extinguisher within 100 Feet of dispensers?	Yes		PASS	0	N/A
Are any Outside Fire Extinguishers expired?	No		PASS	0	N/A
# Of Outside Fire Extinguishers Expired	0		N/A	0	N/A

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>TANK PAD</b>					<b>0</b>
<b>STP Sumps</b>					<b>0</b>
Are all STP Sumps Dry and Free of Debris?	Yes		PASS	0	N/A
Are all STP Sump lids and gaskets in good condition?	Yes		PASS	0	N/A
Are the STP and piping connections in the sumps free of any signs of seepage?	Yes		PASS	0	N/A
<b>Spill Buckets</b>					<b>0</b>
All Spill Buckets have Fill Drop Tubes Present and Undamaged?	Yes		PASS	0	N/A
All Spill Buckets free of liquid & debris?	Yes		PASS	0	N/A
All Spill Buckets Drain valve functioning properly?	Yes		PASS	0	N/A
All Spill Buckets Fill Caps have Gaskets & Sealing properly? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
All Spill Buckets in good condition?	Yes		PASS	0	N/A
All Manholes Lids painted and not faded? VENDOR replace & paint if needed	Yes		PASS	0	N/A
<b>Vapor Recovery Buckets</b>					<b>0</b>
All Vapor Poppets Sealing properly after compression and undamaged?	Yes		PASS	0	N/A
All Vapor caps and gasket in good condition? Inspector to replace if missing or damage	Yes		PASS	0	N/A
All Manway cover/lids in good condition? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
Do Manway cover/lids need painted? Inspector to paint as needed	No		PASS	0	N/A
<b>Vent Stack</b>					<b>0</b>
Vent Caps Present?	Yes		PASS	0	N/A
If Vent Box Present, free of liquid & debris?	NA		PASS	0	N/A
If Sensor is present in Vent box, sitting on the bottom?	NA		PASS	0	N/A
Are bollards damaged by Vent pipes?	No		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>DISPENSERS</b>					<b>0</b>



All Dispenser Nozzles & Swivels functional and show no signs of weeping? If No, list damaged & dispenser #	Yes		PASS	0	N/A
All Dispenser Hoses in good condition, showing no Signs of splitting or cracking? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Hose Length 6", Minimum from Ground or Island? If NO, list dispenser #	NA		PASS	0	N/A
All Dispensers Breakaways and Whip Hoses in good condition and Show no Signs of weeping? If NO, list dispenser # and equipment	Yes		PASS	0	N/A
Are all UDC's (if present) Free of liquid and debris?	Yes		PASS	0	N/A
Do any of the Dispensers Meter/Union/Filter (s) show signs of weepage? If YES, list dispenser # and equipment	No		PASS	0	N/A
Are all Dispenser Shear Valves mounted correctly & secured? If No, list dispenser # and product	Yes		PASS	0	N/A
If Sensors are Present in UDC's, sitting on the bottom? If No, list UDC #	Yes		PASS	0	N/A
All Dispenser Calibration Metal Tie Lock Seals Intact? If No, list dispenser # and product	Yes		PASS	0	N/A
Do any Dispenser Meter Seals show visible sign of leaks? If Yes, list dispenser #	No		PASS	0	N/A
Dispenser Island Bollards damaged? If Yes, list dispenser #	No		PASS	0	N/A
Any Skimming Device Present? If present shut dispenser down immediately and notify Store Manager and 7-Eleven Compliance personnel.	Yes		FAIL	0	N/A

Section Name

Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>HAZARDOUS WASTE</b>					<b>0</b>
Are there Hazardous Waste Drums Needing Picked up? If Yes, list contents and # of barrels	No		PASS	0	N/A
Is a drum for solids present?	Yes		N/A	0	N/A
Is the solid drum in good condition?	Yes		PASS	0	N/A
Is the solids drum 75% full?	No		PASS	0	N/A
Is a drum for liquids present?	Yes		N/A	0	N/A
Is the liquid drum in good condition?	Yes		PASS	0	N/A
Is the liquids drum 75% full?	No		PASS	0	N/A

Are the drums properly labeled?	Yes		PASS	0	N/A
Are the labels completely filled out?	Yes		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>ENVIRONMENTAL</b>					<b>0</b>
Are any Well covers damaged?	No		PASS	0	N/A

# USTNKALLIANCE - Indiana

## 7-ELEVEN, INC

43653/1213

298 S. 00 EW

KOKOMO, IN 46902-4902

State ID: 2409



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
4/29/2024	4/29/2024	Carlos Brito	-	-

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>RECORD KEEPING (Copies of All Documents located in SEEDS)</b>					<b>0</b>
Current Years Financial Responsibility Document available?	NA		PASS	0	N/A
UST Permit / Certificate to Operate Available and Not Expired?	NA		PASS	0	N/A
Emergency Response Plan Available?	NA		PASS	0	N/A
Current Years Release Detection Records available?	NA		PASS	0	N/A
State/7-11 monthly Inspection Forms completed and available, (12 months worth) and picture uploaded? (Required STATES: IL, KS, OH, TN)	NA		PASS	0	N/A
<b>UST Operator Documenta</b>					<b>0</b>
Class C Operator Training Certificates Available for All Employees? (If Not, List Employee's Name) (ILINOIS recertification required every 2 years)	NA		PASS	0	N/A
Class A/B Operator Certificate (s) available?	NA		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>FACILITY</b>					<b>0</b>
<b>Automatic Tank Gauge</b>					<b>0</b>
ATG Accessible to Employees (no obstruction)?	Yes		PASS	0	N/A
Is the ATG in alarm?	No		PASS	0	N/A
Were ATG reports printed and photo of tapes taken?	No		FAIL	1	N/A
Is the ATG Printer working? (Replace paper if needed)	Yes		PASS	0	N/A
<b>Emergency Shut Off</b>					<b>0</b>
Is there a ESO Accessible to Employees?	Yes		PASS	0	N/A
Is ESO Damaged? (If YES, describe damaged)	No		PASS	0	N/A
<b>Fire Extinguishers</b>					<b>0</b>
Is there a Fire Extinguisher within 100 Feet of dispensers?	Yes		PASS	0	N/A
Are any Outside Fire Extinguishers expired?	No		PASS	0	N/A
# Of Outside Fire Extinguishers Expired	0		N/A	0	N/A

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>TANK PAD</b>					<b>0</b>
<b>STP Sumps</b>					<b>0</b>
Are all STP Sumps Dry and Free of Debris?	Yes		PASS	0	N/A
Are all STP Sump lids and gaskets in good condition?	Yes		PASS	0	N/A
Are the STP and piping connections in the sumps free of any signs of seepage?	Yes		PASS	0	N/A
<b>Spill Buckets</b>					<b>0</b>
All Spill Buckets have Fill Drop Tubes Present and Undamaged?	Yes		PASS	0	N/A
All Spill Buckets free of liquid & debris?	Yes		PASS	0	N/A
All Spill Buckets Drain valve functioning properly?	Yes		PASS	0	N/A
All Spill Buckets Fill Caps have Gaskets & Sealing properly? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
All Spill Buckets in good condition?	Yes		PASS	0	N/A
All Manholes Lids painted and not faded? VENDOR replace & paint if needed	Yes		PASS	0	N/A
<b>Vapor Recovery Buckets</b>					<b>0</b>
All Vapor Poppets Sealing properly after compression and undamaged?	Yes		PASS	0	N/A
All Vapor caps and gasket in good condition? Inspector to replace if missing or damage	Yes		PASS	0	N/A
All Manway cover/lids in good condition? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
Do Manway cover/lids need painted? Inspector to paint as needed	No		PASS	0	N/A
<b>Vent Stack</b>					<b>0</b>
Vent Caps Present?	Yes		PASS	0	N/A
If Vent Box Present, free of liquid & debris?	NA		PASS	0	N/A
If Sensor is present in Vent box, sitting on the bottom?	NA		PASS	0	N/A
Are bollards damaged by Vent pipes?	No		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>DISPENSERS</b>					<b>0</b>

All Dispenser Nozzles & Swivels functional and show no signs of weeping? If No, list damaged & dispenser #	Yes		PASS	0	N/A
All Dispenser Hoses in good condition, showing no Signs of splitting or cracking? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Hose Length 6", Minimum from Ground or Island? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Breakaways and Whip Hoses in good condition and Show no Signs of weeping? If NO, list dispenser # and equipment	Yes		PASS	0	N/A
Are all UDC's (if present) Free of liquid and debris?	Yes		PASS	0	N/A
Do any of the Dispensers Meter/Union/Filter (s) show signs of weepage? If YES, list dispenser # and equipment	No		PASS	0	N/A
Are all Dispenser Shear Valves mounted correctly & secured? If No, list dispenser # and product	Yes		PASS	0	N/A
If Sensors are Present in UDC's, sitting on the bottom? If No, list UDC #	Yes		PASS	0	N/A
All Dispenser Calibration Metal Tie Lock Seals Intact? If No, list dispenser # and product	Yes		PASS	0	N/A
Do any Dispenser Meter Seals show visible sign of leaks? If Yes, list dispenser #	No		PASS	0	N/A
Dispenser Island Bollards damaged? If Yes, list dispenser #	No		PASS	0	N/A
Any Skimming Device Present? If present shut dispenser down immediately and notify Store Manager and 7-Eleven Compliance personnel.	No		PASS	0	N/A

Section Name

Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>HAZARDOUS WASTE</b>					<b>0</b>
Are there Hazardous Waste Drums Needing Picked up? If Yes, list contents and # of barrels	No		PASS	0	N/A
Is a drum for solids present?	Yes		N/A	0	N/A
Is the solid drum in good condition?	Yes		PASS	0	N/A
Is the solids drum 75% full?	No		PASS	0	N/A
Is a drum for liquids present?	Yes		N/A	0	N/A
Is the liquid drum in good condition?	Yes		PASS	0	N/A
Is the liquids drum 75% full?	No		PASS	0	N/A

Are the drums properly labeled?	Yes		PASS	0	N/A
Are the labels completely filled out?	Yes		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>ENVIRONMENTAL</b>					<b>0</b>
Are any Well covers damaged?	No		PASS	0	N/A

# USTNKALLIANCE - Indiana

## 7-ELEVEN, INC

43653/1213

298 S. 00 EW

KOKOMO, IN 46902-4902

State ID: 2409



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
3/8/2024	3/8/2024	Carlos Brito	-	-



Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>RECORD KEEPING (Copies of All Documents located in SEEDS)</b>					<b>0</b>
Current Years Financial Responsibility Document available?	NA		PASS	0	N/A
UST Permit / Certificate to Operate Available and Not Expired?	NA		PASS	0	N/A
Emergency Response Plan Available?	NA		PASS	0	N/A
Current Years Release Detection Records available?	NA		PASS	0	N/A
State/7-11 monthly Inspection Forms completed and available, (12 months worth) and picture uploaded? (Required STATES: IL, KS, OH, TN)	NA		PASS	0	N/A
<b>UST Operator Documenta</b>					<b>0</b>
Class C Operator Training Certificates Available for All Employees? (If Not, List Employee's Name) (ILINOIS recertification required every 2 years)	NA		PASS	0	N/A
Class A/B Operator Certificate (s) available?	NA		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>FACILITY</b>					<b>0</b>
<b>Automatic Tank Gauge</b>					<b>0</b>
ATG Accessible to Employees (no obstruction)?	Yes		PASS	0	N/A
Is the ATG in alarm?	No		PASS	0	N/A
Were ATG reports printed and photo of tapes taken?	Yes		PASS	1	N/A
Is the ATG Printer working? (Replace paper if needed)	Yes		PASS	0	N/A
<b>Emergency Shut Off</b>					<b>0</b>
Is there a ESO Accessible to Employees?	Yes		PASS	0	N/A
Is ESO Damaged? (If YES, describe damaged)	No		PASS	0	N/A
<b>Fire Extinguishers</b>					<b>0</b>
Is there a Fire Extinguisher within 100 Feet of dispensers?	Yes		PASS	0	N/A
Are any Outside Fire Extinguishers expired?	No		PASS	0	N/A
# Of Outside Fire Extinguishers Expired	0		N/A	0	N/A

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>TANK PAD</b>					<b>0</b>
<b>STP Sumps</b>					<b>0</b>
Are all STP Sumps Dry and Free of Debris?	No	1 inch of water	FAIL	2	N/A
Are all STP Sump lids and gaskets in good condition?	Yes		PASS	0	N/A
Are the STP and piping connections in the sumps free of any signs of seepage?	Yes		PASS	0	N/A
<b>Spill Buckets</b>					<b>0</b>
All Spill Buckets have Fill Drop Tubes Present and Undamaged?	Yes		PASS	0	N/A
All Spill Buckets free of liquid & debris?	Yes		PASS	0	N/A
All Spill Buckets Drain valve functioning properly?	Yes		PASS	0	N/A
All Spill Buckets Fill Caps have Gaskets & Sealing properly? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
All Spill Buckets in good condition?	Yes		PASS	0	N/A
All Manholes Lids painted and not faded? VENDOR replace & paint if needed	Yes		PASS	0	N/A
<b>Vapor Recovery Buckets</b>					<b>0</b>
All Vapor Poppets Sealing properly after compression and undamaged?	Yes		PASS	0	N/A
All Vapor caps and gasket in good condition? Inspector to replace if missing or damage	Yes		PASS	0	N/A
All Manway cover/lids in good condition? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
Do Manway cover/lids need painted? Inspector to paint as needed	No		PASS	0	N/A
<b>Vent Stack</b>					<b>0</b>
Vent Caps Present?	Yes		PASS	0	N/A
If Vent Box Present, free of liquid & debris?	NA		PASS	0	N/A
If Sensor is present in Vent box, sitting on the bottom?	NA		PASS	0	N/A
Are bollards damaged by Vent pipes?	No		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>DISPENSERS</b>					<b>0</b>

All Dispenser Nozzles & Swivels functional and show no signs of weeping? If No, list damaged & dispenser #	Yes		PASS	0	N/A
All Dispenser Hoses in good condition, showing no Signs of splitting or cracking? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Hose Length 6", Minimum from Ground or Island? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Breakaways and Whip Hoses in good condition and Show no Signs of weeping? If NO, list dispenser # and equipment	Yes		PASS	0	N/A
Are all UDC's (if present) Free of liquid and debris?	Yes		PASS	0	N/A
Do any of the Dispensers Meter/Union/Filter (s) show signs of weepage? If YES, list dispenser # and equipment	No		PASS	0	N/A
Are all Dispenser Shear Valves mounted correctly & secured? If No, list dispenser # and product	Yes		PASS	0	N/A
If Sensors are Present in UDC's, sitting on the bottom? If No, list UDC #	Yes		PASS	0	N/A
All Dispenser Calibration Metal Tie Lock Seals Intact? If No, list dispenser # and product	Yes		PASS	0	N/A
Do any Dispenser Meter Seals show visible sign of leaks? If Yes, list dispenser #	No		PASS	0	N/A
Dispenser Island Bollards damaged? If Yes, list dispenser #	No		PASS	0	N/A
Any Skimming Device Present? If present shut dispenser down immediately and notify Store Manager and 7-Eleven Compliance personnel.	No		PASS	0	N/A

Section Name

Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>HAZARDOUS WASTE</b>					<b>0</b>
Are there Hazardous Waste Drums Needing Picked up? If Yes, list contents and # of barrels	No		PASS	0	N/A
Is a drum for solids present?	Yes		N/A	0	N/A
Is the solid drum in good condition?	Yes		PASS	0	N/A
Is the solids drum 75% full?	No		PASS	0	N/A
Is a drum for liquids present?	Yes		N/A	0	N/A
Is the liquid drum in good condition?	Yes		PASS	0	N/A
Is the liquids drum 75% full?	No		PASS	0	N/A

Are the drums properly labeled?	Yes		PASS	0	N/A
Are the labels completely filled out?	Yes		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>ENVIRONMENTAL</b>					<b>0</b>
Are any Well covers damaged?	No		PASS	0	N/A

# USTNKALLIANCE - Indiana

## 7-ELEVEN, INC

43653/1213

298 S. 00 EW

KOKOMO, IN 46902-4902

State ID: 2409



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
2/16/2024	2/16/2024	Carlos Brito	-	-

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>RECORD KEEPING (Copies of All Documents located in SEEDS)</b>					<b>0</b>
Current Years Financial Responsibility Document available?	NA		PASS	0	N/A
UST Permit / Certificate to Operate Available and Not Expired?	NA		PASS	0	N/A
Emergency Response Plan Available?	NA		PASS	0	N/A
Current Years Release Detection Records available?	NA		PASS	0	N/A
State/7-11 monthly Inspection Forms completed and available, (12 months worth) and picture uploaded? (Required STATES: IL, KS, OH, TN)	NA		PASS	0	N/A
<b>UST Operator Documenta</b>					<b>0</b>
Class C Operator Training Certificates Available for All Employees? (If Not, List Employee's Name) (ILINOIS recertification required every 2 years)	NA		PASS	0	N/A
Class A/B Operator Certificate (s) available?	NA		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>FACILITY</b>					<b>0</b>
<b>Automatic Tank Gauge</b>					<b>0</b>
ATG Accessible to Employees (no obstruction)?	Yes		PASS	0	N/A
Is the ATG in alarm?	No		PASS	0	N/A
Were ATG reports printed and photo of tapes taken?	Yes		PASS	1	N/A
Is the ATG Printer working? (Replace paper if needed)	Yes		PASS	0	N/A
<b>Emergency Shut Off</b>					<b>0</b>
Is there a ESO Accessible to Employees?	Yes		PASS	0	N/A
Is ESO Damaged? (If YES, describe damaged)	No		PASS	0	N/A
<b>Fire Extinguishers</b>					<b>0</b>
Is there a Fire Extinguisher within 100 Feet of dispensers?	Yes		PASS	0	N/A
Are any Outside Fire Extinguishers expired?	No		PASS	0	N/A
# Of Outside Fire Extinguishers Expired	0		N/A	0	N/A

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>TANK PAD</b>					<b>0</b>
<b>STP Sumps</b>					<b>0</b>
Are all STP Sumps Dry and Free of Debris?	No	water in 1 stp 1 inch of water	FAIL	2	N/A
Are all STP Sump lids and gaskets in good condition?	Yes		PASS	0	N/A
Are the STP and piping connections in the sumps free of any signs of seepage?	Yes		PASS	0	N/A
<b>Spill Buckets</b>					<b>0</b>
All Spill Buckets have Fill Drop Tubes Present and Undamaged?	Yes		PASS	0	N/A
All Spill Buckets free of liquid & debris?	Yes		PASS	0	N/A
All Spill Buckets Drain valve functioning properly?	Yes		PASS	0	N/A
All Spill Buckets Fill Caps have Gaskets & Sealing properly? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
All Spill Buckets in good condition?	Yes		PASS	0	N/A
All Manholes Lids painted and not faded? VENDOR replace & paint if needed	Yes		PASS	0	N/A
<b>Vapor Recovery Buckets</b>					<b>0</b>
All Vapor Poppets Sealing properly after compression and undamaged?	Yes		PASS	0	N/A
All Vapor caps and gasket in good condition? Inspector to replace if missing or damage	Yes		PASS	0	N/A
All Manway cover/lids in good condition? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
Do Manway cover/lids need painted? Inspector to paint as needed	No		PASS	0	N/A
<b>Vent Stack</b>					<b>0</b>
Vent Caps Present?	Yes		PASS	0	N/A
If Vent Box Present, free of liquid & debris?	NA		PASS	0	N/A
If Sensor is present in Vent box, sitting on the bottom?	NA		PASS	0	N/A
Are bollards damaged by Vent pipes?	No		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>DISPENSERS</b>					<b>0</b>

All Dispenser Nozzles & Swivels functional and show no signs of weeping? If No, list damaged & dispenser #	Yes		PASS	0	N/A
All Dispenser Hoses in good condition, showing no Signs of splitting or cracking? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Hose Length 6", Minimum from Ground or Island? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Breakaways and Whip Hoses in good condition and Show no Signs of weeping? If NO, list dispenser # and equipment	Yes		PASS	0	N/A
Are all UDC's (if present) Free of liquid and debris?	Yes		PASS	0	N/A
Do any of the Dispensers Meter/Union/Filter (s) show signs of weepage? If YES, list dispenser # and equipment	No		PASS	0	N/A
Are all Dispenser Shear Valves mounted correctly & secured? If No, list dispenser # and product	Yes		PASS	0	N/A
If Sensors are Present in UDC's, sitting on the bottom? If No, list UDC #	Yes		PASS	0	N/A
All Dispenser Calibration Metal Tie Lock Seals Intact? If No, list dispenser # and product	Yes		PASS	0	N/A
Do any Dispenser Meter Seals show visible sign of leaks? If Yes, list dispenser #	No		PASS	0	N/A
Dispenser Island Bollards damaged? If Yes, list dispenser #	No		PASS	0	N/A
Any Skimming Device Present? If present shut dispenser down immediately and notify Store Manager and 7-Eleven Compliance personnel.	No		PASS	0	N/A

Section Name

Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>HAZARDOUS WASTE</b>					<b>0</b>
Are there Hazardous Waste Drums Needing Picked up? If Yes, list contents and # of barrels	No		PASS	0	N/A
Is a drum for solids present?	Yes		N/A	0	N/A
Is the solid drum in good condition?	Yes		PASS	0	N/A
Is the solids drum 75% full?	No		PASS	0	N/A
Is a drum for liquids present?	Yes		N/A	0	N/A
Is the liquid drum in good condition?	Yes		PASS	0	N/A
Is the liquids drum 75% full?	No		PASS	0	N/A



Are the drums properly labeled?	Yes		PASS	0	N/A
Are the labels completely filled out?	Yes		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>ENVIRONMENTAL</b>					<b>0</b>
Are any Well covers damaged?	No		PASS	0	N/A

# USTNKALLIANCE - Indiana

**7-ELEVEN, INC**

43653/1213

298 S. 00 EW

KOKOMO, IN 46902-4902

State ID: 2409



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
1/10/2024	1/10/2024	Carlos Brito	-	-

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>RECORD KEEPING (Copies of All Documents located in SEEDS)</b>					<b>0</b>
Current Years Financial Responsibility Document available?	NA		PASS	0	N/A
UST Permit / Certificate to Operate Available and Not Expired?	NA		PASS	0	N/A
Emergency Response Plan Available?	NA		PASS	0	N/A
Current Years Release Detection Records available?	NA		PASS	0	N/A
State/7-11 monthly Inspection Forms completed and available, (12 months worth) and picture uploaded? (Required STATES: IL, KS, OH, TN)	NA		PASS	0	N/A
<b>UST Operator Documenta</b>					<b>0</b>
Class C Operator Training Certificates Available for All Employees? (If Not, List Employee's Name) (ILINOIS recertification required every 2 years)	NA		PASS	0	N/A
Class A/B Operator Certificate (s) available?	NA		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>FACILITY</b>					<b>0</b>
<b>Automatic Tank Gauge</b>					<b>0</b>
ATG Accessible to Employees (no obstruction)?	Yes		PASS	0	N/A
Is the ATG in alarm?	No		PASS	0	N/A
Were ATG reports printed and photo of tapes taken?	Yes		PASS	1	N/A
Is the ATG Printer working? (Replace paper if needed)	Yes		PASS	0	N/A
<b>Emergency Shut Off</b>					<b>0</b>
Is there a ESO Accessible to Employees?	Yes		PASS	0	N/A
Is ESO Damaged? (If YES, describe damaged)	No		PASS	0	N/A
<b>Fire Extinguishers</b>					<b>0</b>
Is there a Fire Extinguisher within 100 Feet of dispensers?	Yes		PASS	0	N/A
Are any Outside Fire Extinguishers expired?	No		PASS	0	N/A
# Of Outside Fire Extinguishers Expired	0		N/A	0	N/A

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>TANK PAD</b>					<b>0</b>
<b>STP Sumps</b>					<b>0</b>
Are all STP Sumps Dry and Free of Debris?	Yes		PASS	0	N/A
Are all STP Sump lids and gaskets in good condition?	Yes		PASS	0	N/A
Are the STP and piping connections in the sumps free of any signs of seepage?	Yes		PASS	0	N/A
<b>Spill Buckets</b>					<b>0</b>
All Spill Buckets have Fill Drop Tubes Present and Undamaged?	Yes		PASS	0	N/A
All Spill Buckets free of liquid & debris?	Yes		PASS	0	N/A
All Spill Buckets Drain valve functioning properly?	Yes		PASS	0	N/A
All Spill Buckets Fill Caps have Gaskets & Sealing properly? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
All Spill Buckets have a Product Tag / Collar present on each riser? If NO, list product and item needed	Yes		PASS	0	N/A
All Spill Buckets in good condition?	Yes		PASS	0	N/A
All Manholes Lids painted and not faded? VENDOR replace & paint if needed	Yes		PASS	0	N/A
<b>Vapor Recovery Buckets</b>					<b>0</b>
All Vapor Poppets Sealing properly after compression and undamaged?	Yes		PASS	0	N/A
All Vapor caps and gasket in good condition? Inspector to replace if missing or damage	Yes		PASS	0	N/A
All Manway cover/lids in good condition? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
Do Manway cover/lids need painted? Inspector to paint as needed	No		PASS	0	N/A
<b>Vent Stack</b>					<b>0</b>
Vent Caps Present?	Yes		PASS	0	N/A
If Vent Box Present, free of liquid & debris?	NA		PASS	0	N/A
If Sensor is present in Vent box, sitting on the bottom?	NA		PASS	0	N/A
Are bollards damaged by Vent pipes?	No		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score

DISPENSERS					0
All Dispenser Nozzles & Swivels functional and show no signs of weeping? If No, list damaged & dispenser #	Yes		PASS	0	N/A
All Dispenser Hoses in good condition, showing no Signs of splitting or cracking? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Hose Length 6", Minimum from Ground or Island? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Breakaways and Whip Hoses in good condition and Show no Signs of weeping? If NO, list dispenser # and equipment	Yes		PASS	0	N/A
Are all UDC's (if present) Free of liquid and debris?	Yes		PASS	0	N/A
Do any of the Dispensers Meter/Union/Filter (s) show signs of weepage? If YES, list dispenser # and equipment	No		PASS	0	N/A
Are all Dispenser Shear Valves mounted correctly & secured? If No, list dispenser # and product	Yes		PASS	0	N/A
If Sensors are Present in UDC's, sitting on the bottom? If No, list UDC #	Yes		PASS	0	N/A
All Dispenser Calibration Metal Tie Lock Seals Intact? If No, list dispenser # and product	Yes		PASS	0	N/A
Do any Dispenser Meter Seals show visible sign of leaks? If Yes, list dispenser #	No		PASS	0	N/A
Dispenser Island Bollards damaged? If Yes, list dispenser #	No		PASS	0	N/A
Any Skimming Device Present? If present shut dispenser down immediately and notify Store Manager and 7-Eleven Compliance personnel.	No		PASS	0	N/A

Section Name

Question	Response	Comment	Pass/Fail	# of Attachments	Score
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HAZARDOUS WASTE					0
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Are there Hazardous Waste Drums Needing Picked up? If Yes, list contents and # of barrels	No		PASS	0	N/A
Is a drum for solids present?	Yes		N/A	0	N/A
Is the solid drum in good condition?	Yes		PASS	0	N/A
Is the solids drum 75% full?	No		PASS	0	N/A
Is a drum for liquids present?	Yes		N/A	0	N/A

Is the liquid drum in good condition?	Yes		PASS	0	N/A
Is the liquids drum 75% full?	No		PASS	0	N/A
Are the drums properly labeled?	Yes		PASS	0	N/A
Are the labels completely filled out?	Yes		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>ENVIRONMENTAL</b>					<b>0</b>
Are any Well covers damaged?	No		PASS	0	N/A

# USTNKALLIANCE - Indiana

**7-ELEVEN, INC**

43653/1213

298 S. 00 EW

KOKOMO, IN 46902-4902

State ID: 2409



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
1/10/2024	1/10/2024	Carlos Brito	-	-

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>RECORD KEEPING (Copies of All Documents located in SEEDS)</b>					<b>0</b>
Current Years Financial Responsibility Document available?	NA		PASS	0	N/A
UST Permit / Certificate to Operate Available and Not Expired?	NA		PASS	0	N/A
Emergency Response Plan Available?	NA		PASS	0	N/A
Current Years Release Detection Records available?	NA		PASS	0	N/A
State/7-11 monthly Inspection Forms completed and available, (12 months worth) and picture uploaded? (Required STATES: IL, KS, OH, TN)	NA		PASS	0	N/A
<b>UST Operator Documenta</b>					<b>0</b>
Class C Operator Training Certificates Available for All Employees? (If Not, List Employee's Name) (ILINOIS recertification required every 2 years)	NA		PASS	0	N/A
Class A/B Operator Certificate (s) available?	NA		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>FACILITY</b>					<b>0</b>
<b>Automatic Tank Gauge</b>					<b>0</b>
ATG Accessible to Employees (no obstruction)?	Yes		PASS	0	N/A
Is the ATG in alarm?	No		PASS	0	N/A
Were ATG reports printed and photo of tapes taken?	Yes		PASS	1	N/A
Is the ATG Printer working? (Replace paper if needed)	Yes		PASS	0	N/A
<b>Emergency Shut Off</b>					<b>0</b>
Is there a ESO Accessible to Employees?	Yes		PASS	0	N/A
Is ESO Damaged? (If YES, describe damaged)	No		PASS	0	N/A
<b>Fire Extinguishers</b>					<b>0</b>
Is there a Fire Extinguisher within 100 Feet of dispensers?	Yes		PASS	0	N/A
Are any Outside Fire Extinguishers expired?	No		PASS	0	N/A
# Of Outside Fire Extinguishers Expired	0		N/A	0	N/A



Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>TANK PAD</b>					<b>0</b>
<b>STP Sumps</b>					<b>0</b>
Are all STP Sumps Dry and Free of Debris?	Yes		PASS	0	N/A
Are all STP Sump lids and gaskets in good condition?	Yes		PASS	0	N/A
Are the STP and piping connections in the sumps free of any signs of seepage?	Yes		PASS	0	N/A
<b>Spill Buckets</b>					<b>0</b>
All Spill Buckets have Fill Drop Tubes Present and Undamaged?	Yes		PASS	0	N/A
All Spill Buckets free of liquid & debris?	Yes		PASS	0	N/A
All Spill Buckets Drain valve functioning properly?	Yes		PASS	0	N/A
All Spill Buckets Fill Caps have Gaskets & Sealing properly? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
All Spill Buckets have a Product Tag / Collar present on each riser? If NO, list product and item needed	Yes		PASS	0	N/A
All Spill Buckets in good condition?	Yes		PASS	0	N/A
All Manholes Lids painted and not faded? VENDOR replace & paint if needed	Yes		PASS	0	N/A
<b>Vapor Recovery Buckets</b>					<b>0</b>
All Vapor Poppets Sealing properly after compression and undamaged?	Yes		PASS	0	N/A
All Vapor caps and gasket in good condition? Inspector to replace if missing or damage	Yes		PASS	0	N/A
All Manway cover/lids in good condition? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
Do Manway cover/lids need painted? Inspector to paint as needed	No		PASS	0	N/A
<b>Vent Stack</b>					<b>0</b>
Vent Caps Present?	Yes		PASS	0	N/A
If Vent Box Present, free of liquid & debris?	NA		PASS	0	N/A
If Sensor is present in Vent box, sitting on the bottom?	NA		PASS	0	N/A
Are bollards damaged by Vent pipes?	No		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score

DISPENSERS					0
All Dispenser Nozzles & Swivels functional and show no signs of weeping? If No, list damaged & dispenser #	Yes		PASS	0	N/A
All Dispenser Hoses in good condition, showing no Signs of splitting or cracking? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Hose Length 6", Minimum from Ground or Island? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Breakaways and Whip Hoses in good condition and Show no Signs of weeping? If NO, list dispenser # and equipment	Yes		PASS	0	N/A
Are all UDC's (if present) Free of liquid and debris?	Yes		PASS	0	N/A
Do any of the Dispensers Meter/Union/Filter (s) show signs of weepage? If YES, list dispenser # and equipment	No		PASS	0	N/A
Are all Dispenser Shear Valves mounted correctly & secured? If No, list dispenser # and product	Yes		PASS	0	N/A
If Sensors are Present in UDC's, sitting on the bottom? If No, list UDC #	Yes		PASS	0	N/A
All Dispenser Calibration Metal Tie Lock Seals Intact? If No, list dispenser # and product	Yes		PASS	0	N/A
Do any Dispenser Meter Seals show visible sign of leaks? If Yes, list dispenser #	No		PASS	0	N/A
Dispenser Island Bollards damaged? If Yes, list dispenser #	No		PASS	0	N/A
Any Skimming Device Present? If present shut dispenser down immediately and notify Store Manager and 7-Eleven Compliance personnel.	No		PASS	0	N/A

Section Name

Question	Response	Comment	Pass/Fail	# of Attachments	Score
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HAZARDOUS WASTE					0
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Are there Hazardous Waste Drums Needing Picked up? If Yes, list contents and # of barrels	No		PASS	0	N/A
Is a drum for solids present?	Yes		N/A	0	N/A
Is the solid drum in good condition?	Yes		PASS	0	N/A
Is the solids drum 75% full?	No		PASS	0	N/A
Is a drum for liquids present?	Yes		N/A	0	N/A

Is the liquid drum in good condition?	Yes		PASS	0	N/A
Is the liquids drum 75% full?	No		PASS	0	N/A
Are the drums properly labeled?	Yes		PASS	0	N/A
Are the labels completely filled out?	Yes		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>ENVIRONMENTAL</b>					<b>0</b>
Are any Well covers damaged?	No		PASS	0	N/A

# USTNKALLIANCE - Indiana

## 7-ELEVEN, INC

43653/1213

298 S. 00 EW

KOKOMO, IN 46902-4902

State ID: 2409



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
12/13/2023	12/13/2023	Carlos Brito	-	-

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>RECORD KEEPING (Copies of All Documents located in SEEDS)</b>					<b>0</b>
Current Years Financial Responsibility Document available?	NA		PASS	0	N/A
UST Permit / Certificate to Operate Available and Not Expired?	NA		PASS	0	N/A
Emergency Response Plan Available?	NA		PASS	0	N/A
Current Years Release Detection Records available?	NA		PASS	0	N/A
State/7-11 monthly Inspection Forms completed and available, (12 months worth) and picture uploaded? (Required STATES: IL, KS, OH, TN)	NA		PASS	0	N/A
<b>UST Operator Documenta</b>					<b>0</b>
Class C Operator Training Certificates Available for All Employees? (If Not, List Employee's Name) (ILINOIS recertification required every 2 years)	NA		PASS	0	N/A
Class A/B Operator Certificate (s) available?	NA		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>FACILITY</b>					<b>0</b>
<b>Automatic Tank Gauge</b>					<b>0</b>
ATG Accessible to Employees (no obstruction)?	Yes		PASS	0	N/A
Is the ATG in alarm?	No		PASS	0	N/A
Were ATG reports printed and photo of tapes taken?	Yes		PASS	1	N/A
Is the ATG Printer working? (Replace paper if needed)	Yes		PASS	0	N/A
<b>Emergency Shut Off</b>					<b>0</b>
Is there a ESO Accessible to Employees?	Yes		PASS	0	N/A
Is ESO Damaged? (If YES, describe damaged)	No		PASS	0	N/A
<b>Fire Extinguishers</b>					<b>0</b>
Is there a Fire Extinguisher within 100 Feet of dispensers?	Yes		PASS	0	N/A
Are any Outside Fire Extinguishers expired?	No		PASS	0	N/A
# Of Outside Fire Extinguishers Expired	0		N/A	0	N/A

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>TANK PAD</b>					<b>0</b>
<b>STP Sumps</b>					<b>0</b>
Are all STP Sumps Dry and Free of Debris?	Yes		PASS	0	N/A
Are all STP Sump lids and gaskets in good condition?	Yes		PASS	0	N/A
Are the STP and piping connections in the sumps free of any signs of seepage?	Yes		PASS	0	N/A
<b>Spill Buckets</b>					<b>0</b>
All Spill Buckets have Fill Drop Tubes Present and Undamaged?	Yes		PASS	0	N/A
All Spill Buckets free of liquid & debris?	Yes		PASS	0	N/A
All Spill Buckets Drain valve functioning properly?	Yes		PASS	0	N/A
All Spill Buckets Fill Caps have Gaskets & Sealing properly? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
All Spill Buckets have a Product Tag / Collar present on each riser? If NO, list product and item needed	Yes		PASS	0	N/A
All Spill Buckets in good condition?	Yes		PASS	0	N/A
All Manholes Lids painted and not faded? VENDOR replace & paint if needed	Yes		PASS	0	N/A
<b>Vapor Recovery Buckets</b>					<b>0</b>
All Vapor Poppets Sealing properly after compression and undamaged?	Yes		PASS	0	N/A
All Vapor caps and gasket in good condition? Inspector to replace if missing or damage	Yes		PASS	0	N/A
All Manway cover/lids in good condition? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
Do Manway cover/lids need painted? Inspector to paint as needed	No		PASS	0	N/A
<b>Vent Stack</b>					<b>0</b>
Vent Caps Present?	Yes		PASS	0	N/A
If Vent Box Present, free of liquid & debris?	NA		PASS	0	N/A
If Sensor is present in Vent box, sitting on the bottom?	NA		PASS	0	N/A
Are bollards damaged by Vent pipes?	No		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score

DISPENSERS					0
All Dispenser Nozzles & Swivels functional and show no signs of weeping? If No, list damaged & dispenser #	Yes		PASS	0	N/A
All Dispenser Hoses in good condition, showing no Signs of splitting or cracking? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Hose Length 6", Minimum from Ground or Island? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Breakaways and Whip Hoses in good condition and Show no Signs of weeping? If NO, list dispenser # and equipment	Yes		PASS	0	N/A
Are all UDC's (if present) Free of liquid and debris?	Yes		PASS	0	N/A
Do any of the Dispensers Meter/Union/Filter (s) show signs of weepage? If YES, list dispenser # and equipment	No		PASS	0	N/A
Are all Dispenser Shear Valves mounted correctly & secured? If No, list dispenser # and product	Yes		PASS	0	N/A
If Sensors are Present in UDC's, sitting on the bottom? If No, list UDC #	Yes		PASS	0	N/A
All Dispenser Calibration Metal Tie Lock Seals Intact? If No, list dispenser # and product	Yes		PASS	0	N/A
Do any Dispenser Meter Seals show visible sign of leaks? If Yes, list dispenser #	No		PASS	0	N/A
Dispenser Island Bollards damaged? If Yes, list dispenser #	No		PASS	0	N/A
Any Skimming Device Present? If present shut dispenser down immediately and notify Store Manager and 7-Eleven Compliance personnel.	No		PASS	0	N/A

Section Name

Question	Response	Comment	Pass/Fail	# of Attachments	Score
HAZARDOUS WASTE					0
Are there Hazardous Waste Drums Needing Picked up? If Yes, list contents and # of barrels	No		PASS	0	N/A
Is a drum for solids present?	Yes		N/A	0	N/A
Is the solid drum in good condition?	Yes		PASS	0	N/A
Is the solids drum 75% full?	No		PASS	0	N/A
Is a drum for liquids present?	No		N/A	0	N/A

Is the liquid drum in good condition?	Yes		PASS	0	N/A
Is the liquids drum 75% full?	No		PASS	0	N/A
Are the drums properly labeled?	Yes		PASS	0	N/A
Are the labels completely filled out?	Yes		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>ENVIRONMENTAL</b>					<b>0</b>
Are any Well covers damaged?	No		PASS	0	N/A



# USTNKALLIANCE - Indiana

## 7-ELEVEN, INC

43653/1213

298 S. 00 EW

KOKOMO, IN 46902-4902

State ID: 2409



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
11/13/2023	11/13/2023	Michael VanDussen	-	-

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>RECORD KEEPING (Copies of All Documents located in SEEDS)</b>					<b>0</b>
Current Years Financial Responsibility Document available?	Yes		PASS	0	N/A
UST Permit / Certificate to Operate Available and Not Expired?	Yes		PASS	0	N/A
Emergency Response Plan Available?	Yes		PASS	0	N/A
Current Years Release Detection Records available?	Yes		PASS	0	N/A
State/7-11 monthly Inspection Forms completed and available, (12 months worth) and picture uploaded? (Required STATES: IL, KS, OH, TN)	Yes		PASS	0	N/A
<b>UST Operator Documenta</b>					<b>0</b>
Class C Operator Training Certificates Available for All Employees? (If Not, List Employee's Name) (ILINOIS recertification required every 2 years)	Yes		PASS	0	N/A
Class A/B Operator Certificate (s) available?	Yes		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>FACILITY</b>					<b>0</b>
<b>Automatic Tank Gauge</b>					<b>0</b>
ATG Accessible to Employees (no obstruction)?	Yes		PASS	0	N/A
Is the ATG in alarm?	No		PASS	0	N/A
Were ATG reports printed and photo of tapes taken?	Yes		PASS	6	N/A
Is the ATG Printer working? (Replace paper if needed)	Yes		PASS	0	N/A
<b>Emergency Shut Off</b>					<b>0</b>
Is there a ESO Accessible to Employees?	Yes		PASS	0	N/A
Is ESO Damaged? (If YES, describe damaged)	No		PASS	0	N/A
<b>Fire Extinguishers</b>					<b>0</b>
Is there a Fire Extinguisher within 100 Feet of dispensers?	Yes		PASS	0	N/A
Are any Outside Fire Extinguishers expired?	No		PASS	0	N/A
# Of Outside Fire Extinguishers Expired	0		N/A	0	N/A

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>TANK PAD</b>					<b>0</b>
<b>STP Sumps</b>					<b>0</b>
Are all STP Sumps Dry and Free of Debris?	No	DSL sump contains water	FAIL	2	N/A
Are all STP Sump lids and gaskets in good condition?	Yes		PASS	0	N/A
Are the STP and piping connections in the sumps free of any signs of seepage?	Yes		PASS	0	N/A
<b>Spill Buckets</b>					<b>0</b>
All Spill Buckets have Fill Drop Tubes Present and Undamaged?	Yes		PASS	0	N/A
All Spill Buckets free of liquid & debris?	Yes		PASS	0	N/A
All Spill Buckets Drain valve functioning properly?	Yes		PASS	0	N/A
All Spill Buckets Fill Caps have Gaskets & Sealing properly? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
All Spill Buckets have a Product Tag / Collar present on each riser? If NO, list product and item needed	Yes		PASS	0	N/A
All Spill Buckets in good condition?	Yes		PASS	0	N/A
All Manholes Lids painted and not faded? VENDOR replace & paint if needed	Yes		PASS	0	N/A
<b>Vapor Recovery Buckets</b>					<b>0</b>
All Vapor Poppets Sealing properly after compression and undamaged?	Yes		PASS	0	N/A
All Vapor caps and gasket in good condition? Inspector to replace if missing or damage	Yes		PASS	0	N/A
All Manway cover/lids in good condition? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
Do Manway cover/lids need painted? Inspector to paint as needed	No		PASS	0	N/A
<b>Vent Stack</b>					<b>0</b>
Vent Caps Present?	Yes		PASS	0	N/A
If Vent Box Present, free of liquid & debris?	NA		PASS	0	N/A
If Sensor is present in Vent box, sitting on the bottom?	NA		PASS	0	N/A
Are bollards damaged by Vent pipes?	No		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score

DISPENSERS					0
All Dispenser Nozzles & Swivels functional and show no signs of weeping? If No, list damaged & dispenser #	Yes		PASS	0	N/A
All Dispenser Hoses in good condition, showing no Signs of splitting or cracking? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Hose Length 6", Minimum from Ground or Island? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Breakaways and Whip Hoses in good condition and Show no Signs of weeping? If NO, list dispenser # and equipment	Yes		PASS	0	N/A
Are all UDC's (if present) Free of liquid and debris?	Yes		PASS	0	N/A
Do any of the Dispensers Meter/Union/Filter (s) show signs of weepage? If YES, list dispenser # and equipment	No		PASS	0	N/A
Are all Dispenser Shear Valves mounted correctly & secured? If No, list dispenser # and product	Yes		PASS	0	N/A
If Sensors are Present in UDC's, sitting on the bottom? If No, list UDC #	Yes		PASS	0	N/A
All Dispenser Calibration Metal Tie Lock Seals Intact? If No, list dispenser # and product	Yes		PASS	0	N/A
Do any Dispenser Meter Seals show visible sign of leaks? If Yes, list dispenser #	No		PASS	0	N/A
Dispenser Island Bollards damaged? If Yes, list dispenser #	No		PASS	0	N/A
Any Skimming Device Present? If present shut dispenser down immediately and notify Store Manager and 7-Eleven Compliance personnel.	No		PASS	0	N/A

Section Name

Question	Response	Comment	Pass/Fail	# of Attachments	Score
HAZARDOUS WASTE					0
Are there Hazardous Waste Drums Needing Picked up? If Yes, list contents and # of barrels	No		PASS	0	N/A
Is a drum for solids present?	Yes		N/A	0	N/A
Is the solid drum in good condition?	Yes		PASS	0	N/A
Is the solids drum 75% full?	No		PASS	0	N/A
Is a drum for liquids present?	Yes		N/A	0	N/A

Is the liquid drum in good condition?	Yes		PASS	0	N/A
Is the liquids drum 75% full?	No		PASS	0	N/A
Are the drums properly labeled?	Yes		PASS	0	N/A
Are the labels completely filled out?	Yes		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>ENVIRONMENTAL</b>					<b>0</b>
Are any Well covers damaged?	No		PASS	0	N/A

# USTNKALLIANCE - Indiana

## 7-ELEVEN, INC

43653/1213

298 S. 00 EW

KOKOMO, IN 46902-4902

State ID: 2409



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
10/16/2023	10/16/2023	Carlos Brito	-	-

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>RECORD KEEPING (Copies of All Documents located in SEEDS)</b>					<b>0</b>
Current Years Financial Responsibility Document available?	NA		PASS	0	N/A
UST Permit / Certificate to Operate Available and Not Expired?	NA		PASS	0	N/A
Emergency Response Plan Available?	NA		PASS	0	N/A
Current Years Release Detection Records available?	NA		PASS	0	N/A
State/7-11 monthly Inspection Forms completed and available, (12 months worth) and picture uploaded? (Required STATES: IL, KS, OH, TN)	NA		PASS	0	N/A
<b>UST Operator Documenta</b>					<b>0</b>
Class C Operator Training Certificates Available for All Employees? (If Not, List Employee's Name) (ILINOIS recertification required every 2 years)	NA		PASS	0	N/A
Class A/B Operator Certificate (s) available?	NA		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>FACILITY</b>					<b>0</b>
<b>Automatic Tank Gauge</b>					<b>0</b>
ATG Accessible to Employees (no obstruction)?	Yes		PASS	0	N/A
Is the ATG in alarm?	No		PASS	0	N/A
Were ATG reports printed and photo of tapes taken?	Yes		PASS	1	N/A
Is the ATG Printer working? (Replace paper if needed)	Yes		PASS	0	N/A
<b>Emergency Shut Off</b>					<b>0</b>
Is there a ESO Accessible to Employees?	Yes		PASS	0	N/A
Is ESO Damaged? (If YES, describe damaged)	No		PASS	0	N/A
<b>Fire Extinguishers</b>					<b>0</b>
Is there a Fire Extinguisher within 100 Feet of dispensers?	Yes		PASS	0	N/A
Are any Outside Fire Extinguishers expired?	No		PASS	0	N/A
# Of Outside Fire Extinguishers Expired	0		N/A	0	N/A

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>TANK PAD</b>					<b>0</b>
<b>STP Sumps</b>					<b>0</b>
Are all STP Sumps Dry and Free of Debris?	Yes		PASS	0	N/A
Are all STP Sump lids and gaskets in good condition?	Yes		PASS	0	N/A
Are the STP and piping connections in the sumps free of any signs of seepage?	Yes		PASS	0	N/A
<b>Spill Buckets</b>					<b>0</b>
All Spill Buckets have Fill Drop Tubes Present and Undamaged?	Yes		PASS	0	N/A
All Spill Buckets free of liquid & debris?	Yes		PASS	0	N/A
All Spill Buckets Drain valve functioning properly?	Yes		PASS	0	N/A
All Spill Buckets Fill Caps have Gaskets & Sealing properly? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
All Spill Buckets have a Product Tag / Collar present on each riser? If NO, list product and item needed	Yes		PASS	0	N/A
All Spill Buckets in good condition?	Yes		PASS	0	N/A
All Manholes Lids painted and not faded? VENDOR replace & paint if needed	Yes		PASS	0	N/A
<b>Vapor Recovery Buckets</b>					<b>0</b>
All Vapor Poppets Sealing properly after compression and undamaged?	Yes		PASS	0	N/A
All Vapor caps and gasket in good condition? Inspector to replace if missing or damage	Yes		PASS	0	N/A
All Manway cover/lids in good condition? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
Do Manway cover/lids need painted? Inspector to paint as needed	No		PASS	0	N/A
<b>Vent Stack</b>					<b>0</b>
Vent Caps Present?	Yes		PASS	0	N/A
If Vent Box Present, free of liquid & debris?	NA		PASS	0	N/A
If Sensor is present in Vent box, sitting on the bottom?	NA		PASS	0	N/A
Are bollards damaged by Vent pipes?	No		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score



DISPENSERS					0
All Dispenser Nozzles & Swivels functional and show no signs of weeping? If No, list damaged & dispenser #	Yes		PASS	0	N/A
All Dispenser Hoses in good condition, showing no Signs of splitting or cracking? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Hose Length 6", Minimum from Ground or Island? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Breakaways and Whip Hoses in good condition and Show no Signs of weeping? If NO, list dispenser # and equipment	Yes		PASS	0	N/A
Are all UDC's (if present) Free of liquid and debris?	Yes		PASS	0	N/A
Do any of the Dispensers Meter/Union/Filter (s) show signs of weepage? If YES, list dispenser # and equipment	No		PASS	0	N/A
Are all Dispenser Shear Valves mounted correctly & secured? If No, list dispenser # and product	Yes		PASS	0	N/A
If Sensors are Present in UDC's, sitting on the bottom? If No, list UDC #	Yes		PASS	0	N/A
All Dispenser Calibration Metal Tie Lock Seals Intact? If No, list dispenser # and product	Yes		PASS	0	N/A
Do any Dispenser Meter Seals show visible sign of leaks? If Yes, list dispenser #	No		PASS	0	N/A
Dispenser Island Bollards damaged? If Yes, list dispenser #	No		PASS	0	N/A
Any Skimming Device Present? If present shut dispenser down immediately and notify Store Manager and 7-Eleven Compliance personnel.	No		PASS	0	N/A

Section Name

Question	Response	Comment	Pass/Fail	# of Attachments	Score
HAZARDOUS WASTE					0
Are there Hazardous Waste Drums Needing Picked up? If Yes, list contents and # of barrels	No		PASS	0	N/A
Is a drum for solids present?	Yes		N/A	0	N/A
Is the solid drum in good condition?	Yes		PASS	0	N/A
Is the solids drum 75% full?	No		PASS	0	N/A
Is a drum for liquids present?	Yes		N/A	0	N/A

Is the liquid drum in good condition?	Yes		PASS	0	N/A
Is the liquids drum 75% full?	No		PASS	0	N/A
Are the drums properly labeled?	Yes		PASS	0	N/A
Are the labels completely filled out?	Yes		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>ENVIRONMENTAL</b>					<b>0</b>
Are any Well covers damaged?	No		PASS	0	N/A

# USTNKALLIANCE - Indiana

## 7-ELEVEN, INC

43653/1213

298 S. 00 EW

KOKOMO, IN 46902-4902

State ID: 2409



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
9/11/2023	9/11/2023	Carlos Brito	-	-

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>RECORD KEEPING (Copies of All Documents located in SEEDS)</b>					<b>0</b>
Current Years Financial Responsibility Document in Binder?	NA		PASS	0	N/A
UST Permit / Certificate to Operate Available and Not Expired?	NA		PASS	0	N/A
Emergency Response Plan Available?	NA		PASS	0	N/A
Current Years Release Detection Records in Binder?	NA		PASS	0	N/A
State/7-11 monthly Inspection Forms completed, placed in Binder (12 months worth) and picture uploaded? (Required STATES: IL, KS, OH, TN)	NA		PASS	0	N/A
<b>UST Operator Documenta</b>					<b>0</b>
Class C Operator Training Certificates Available for All Employees? (If Not, List Employee's Name) (ILINOIS recertification required every 2 years)	NA		PASS	0	N/A
Class A/B Operator Certificate (s) in Binder?	NA		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>FACILITY</b>					<b>0</b>
<b>Automatic Tank Gauge</b>					<b>0</b>
ATG Accessible to Employees (no obstruction)?	Yes		PASS	0	N/A
Is the ATG in alarm?	No		PASS	0	N/A
Were ATG reports printed and photo of tapes taken?	Yes		PASS	1	N/A
Is the ATG Printer working? (Replace paper if needed)	Yes		PASS	0	N/A
<b>Emergency Shut Off</b>					<b>0</b>
Is there a ESO Accessible to Employees?	Yes		PASS	0	N/A
Is ESO Damaged? (If YES, describe damaged)	No		PASS	0	N/A
<b>Fire Extinguishers</b>					<b>0</b>
Is there a Fire Extinguisher within 100 Feet of dispensers?	Yes		PASS	0	N/A
Are any Outside Fire Extinguishers expired?	No		PASS	0	N/A
# Of Outside Fire Extinguishers Expired	0		N/A	0	N/A

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>TANK PAD</b>					<b>0</b>
<b>STP Sumps</b>					<b>0</b>
Are all STP Sumps Dry and Free of Debris?	Yes		PASS	0	N/A
Are all STP Sump lids and gaskets in good condition?	Yes		PASS	0	N/A
Are the STP and piping connections in the sumps free of any signs of seepage?	Yes		PASS	0	N/A
<b>Spill Buckets</b>					<b>0</b>
All Spill Buckets have Fill Drop Tubes Present and Undamaged?	Yes		PASS	0	N/A
All Spill Buckets free of liquid & debris?	Yes		PASS	0	N/A
All Spill Buckets Drain valve functioning properly?	Yes		PASS	0	N/A
All Spill Buckets Fill Caps have Gaskets & Sealing properly? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
All Spill Buckets have a Product Tag / Collar present on each riser? If NO, list product and item needed	Yes		PASS	0	N/A
All Spill Buckets in good condition?	Yes		PASS	0	N/A
All Manholes Lids painted and not faded? VENDOR replace & paint if needed	Yes		PASS	0	N/A
<b>Vapor Recovery Buckets</b>					<b>0</b>
All Vapor Poppets Sealing properly after compression and undamaged?	Yes		PASS	0	N/A
All Vapor caps and gasket in good condition? Inspector to replace if missing or damage	Yes		PASS	0	N/A
All Manway cover/lids in good condition? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
Do Manway cover/lids need painted? Inspector to paint as needed	No		PASS	0	N/A
<b>Vent Stack</b>					<b>0</b>
Vent Caps Present?	Yes		PASS	0	N/A
If Vent Box Present, free of liquid & debris?	NA		PASS	0	N/A
If Sensor is present in Vent box, sitting on the bottom?	NA		PASS	0	N/A
Are bollards damaged by Vent pipes?	No		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score

DISPENSERS					0
All Dispenser Nozzles & Swivels functional and show no signs of weeping? If No, list damaged & dispenser #	Yes		PASS	0	N/A
All Dispenser Hoses in good condition, showing no Signs of splitting or cracking? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Hose Length 6", Minimum from Ground or Island? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Breakaways and Whip Hoses in good condition and Show no Signs of weeping? If NO, list dispenser # and equipment	Yes		PASS	0	N/A
Are all UDC's (if present) Free of liquid and debris?	Yes		PASS	0	N/A
Do any of the Dispensers Meter/Union/Filter (s) show signs of weepage? If YES, list dispenser # and equipment	No		PASS	0	N/A
Are all Dispenser Shear Valves mounted correctly & secured? If No, list dispenser # and product	Yes		PASS	0	N/A
If Sensors are Present in UDC's, sitting on the bottom? If No, list UDC #	Yes		PASS	0	N/A
All Dispenser Calibration Metal Tie Lock Seals Intact? If No, list dispenser # and product	Yes		PASS	0	N/A
Do any Dispenser Meter Seals show visible sign of leaks? If Yes, list dispenser #	No		PASS	0	N/A
Dispenser Island Bollards damaged? If Yes, list dispenser #	No		PASS	0	N/A
Any Skimming Device Present? If present shut dispenser down immediately and notify Store Manager and 7-Eleven Compliance personnel.	No		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
HAZARDOUS WASTE					0
Are there Hazardous Waste Drums Needing Picked up? If Yes, list contents and # of barrels	No		PASS	0	N/A
Is a drum for solids present?	Yes		N/A	0	N/A
Is the solid drum in good condition?	Yes		PASS	0	N/A
Is the solids drum 75% full?	No		PASS	0	N/A
Is a drum for liquids present?	Yes		N/A	0	N/A

Is the liquid drum in good condition?	Yes		PASS	0	N/A
Is the liquids drum 75% full?	No		PASS	0	N/A
Are the drums properly labeled?	Yes		PASS	0	N/A
Are the labels completely filled out?	Yes		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>ENVIRONMENTAL</b>					<b>0</b>
Are any Well covers damaged?	No		PASS	0	N/A

# USTNKALLIANCE - Indiana

## 7-ELEVEN, INC

43653/1213

298 S. 00 EW

KOKOMO, IN 46902-4902

State ID: 2409



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
8/11/2023	8/11/2023	Carlos Brito	-	-



Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>RECORD KEEPING (Copies of All Documents located in SEEDS)</b>					<b>0</b>
Current Years Financial Responsibility Document in Binder?	NA		PASS	0	N/A
UST Permit / Certificate to Operate Available and Not Expired?	NA		PASS	0	N/A
Emergency Response Plan Available?	NA		PASS	0	N/A
Current Years Release Detection Records in Binder?	NA		PASS	0	N/A
State/7-11 monthly Inspection Forms completed, placed in Binder (12 months worth) and picture uploaded? (Required STATES: IL, KS, OH, TN)	NA		PASS	0	N/A
<b>UST Operator Documenta</b>					<b>0</b>
Class C Operator Training Certificates Available for All Employees? (If Not, List Employee's Name) (ILINOIS recertification required every 2 years)	NA		PASS	0	N/A
Class A/B Operator Certificate (s) in Binder?	NA		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>FACILITY</b>					<b>0</b>
<b>Automatic Tank Gauge</b>					<b>0</b>
ATG Accessible to Employees (no obstruction)?	Yes		PASS	0	N/A
Is the ATG in alarm?	No		PASS	0	N/A
Were ATG reports printed and photo of tapes taken?	Yes		PASS	1	N/A
Is the ATG Printer working? (Replace paper if needed)	Yes		PASS	0	N/A
<b>Emergency Shut Off</b>					<b>0</b>
Is there a ESO Accessible to Employees?	Yes		PASS	0	N/A
Is ESO Damaged? (If YES, describe damaged)	No		PASS	0	N/A
<b>Fire Extinguishers</b>					<b>0</b>
Is there a Fire Extinguisher within 100 Feet of dispensers?	Yes		PASS	0	N/A
Are any Outside Fire Extinguishers expired?	No		PASS	0	N/A
# Of Outside Fire Extinguishers Expired	0		N/A	0	N/A

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>TANK PAD</b>					<b>0</b>
<b>STP Sumps</b>					<b>0</b>
Are all STP Sumps Dry and Free of Debris?	Yes		PASS	0	N/A
Are all STP Sump lids and gaskets in good condition?	Yes		PASS	0	N/A
Are the STP and piping connections in the sumps free of any signs of seepage?	Yes		PASS	0	N/A
<b>Spill Buckets</b>					<b>0</b>
All Spill Buckets have Fill Drop Tubes Present and Undamaged?	Yes		PASS	0	N/A
All Spill Buckets free of liquid & debris?	Yes		PASS	0	N/A
All Spill Buckets Drain valve functioning properly?	Yes		PASS	0	N/A
All Spill Buckets Fill Caps have Gaskets & Sealing properly? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
All Spill Buckets have a Product Tag / Collar present on each riser? If NO, list product and item needed	Yes		PASS	0	N/A
All Spill Buckets in good condition?	Yes		PASS	0	N/A
All Manholes Lids painted and not faded? VENDOR replace & paint if needed	Yes		PASS	0	N/A
<b>Vapor Recovery Buckets</b>					<b>0</b>
All Vapor Poppets Sealing properly after compression and undamaged?	Yes		PASS	0	N/A
All Vapor caps and gasket in good condition? Inspector to replace if missing or damage	Yes		PASS	0	N/A
All Manway cover/lids in good condition? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
Do Manway cover/lids need painted? Inspector to paint as needed	No		PASS	0	N/A
<b>Vent Stack</b>					<b>0</b>
Vent Caps Present?	Yes		PASS	0	N/A
If Vent Box Present, free of liquid & debris?	NA		PASS	0	N/A
If Sensor is present in Vent box, sitting on the bottom?	NA		PASS	0	N/A
Are bollards damaged by Vent pipes?	No		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score

DISPENSERS					0
All Dispenser Nozzles & Swivels functional and show no signs of weeping? If No, list damaged & dispenser #	Yes		PASS	0	N/A
All Dispenser Hoses in good condition, showing no Signs of splitting or cracking? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Hose Length 6", Minimum from Ground or Island? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Breakaways and Whip Hoses in good condition and Show no Signs of weeping? If NO, list dispenser # and equipment	Yes		PASS	0	N/A
Are all UDC's (if present) Free of liquid and debris?	Yes		PASS	0	N/A
Do any of the Dispensers Meter/Union/Filter (s) show signs of weepage? If YES, list dispenser # and equipment	No		PASS	0	N/A
Are all Dispenser Shear Valves mounted correctly & secured? If No, list dispenser # and product	Yes		PASS	0	N/A
If Sensors are Present in UDC's, sitting on the bottom? If No, list UDC #	Yes		PASS	0	N/A
All Dispenser Calibration Metal Tie Lock Seals Intact? If No, list dispenser # and product	Yes		PASS	0	N/A
Do any Dispenser Meter Seals show visible sign of leaks? If Yes, list dispenser #	No		PASS	0	N/A
Dispenser Island Bollards damaged? If Yes, list dispenser #	No		PASS	0	N/A
Any Skimming Device Present? If present shut dispenser down immediately and notify Store Manager and 7-Eleven Compliance personnel.	No		PASS	0	N/A

Section Name

Question	Response	Comment	Pass/Fail	# of Attachments	Score
HAZARDOUS WASTE					0
Are there Hazardous Waste Drums Needing Picked up? If Yes, list contents and # of barrels	No		PASS	0	N/A
Is a drum for solids present?	Yes		N/A	0	N/A
Is the solid drum in good condition?	Yes		PASS	0	N/A
Is the solids drum 75% full?	No		PASS	0	N/A
Is a drum for liquids present?	Yes		N/A	0	N/A

Is the liquid drum in good condition?	Yes		PASS	0	N/A
Is the liquids drum 75% full?	No		PASS	0	N/A
Are the drums properly labeled?	Yes		PASS	0	N/A
Are the labels completely filled out?	Yes		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>ENVIRONMENTAL</b>					<b>0</b>
Are any Well covers damaged?	No		PASS	0	N/A

# USTNKALLIANCE - Indiana

## 7-ELEVEN, INC

43653/1213

298 S. 00 EW

KOKOMO, IN 46902-4902

State ID: 2409



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
7/12/2023	7/12/2023	Carlos Brito	-	-

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>RECORD KEEPING (Copies of All Documents located in SEEDS)</b>					<b>0</b>
Current Years Financial Responsibility Document in Binder?	NA		PASS	0	N/A
UST Permit / Certificate to Operate Available and Not Expired?	NA		PASS	0	N/A
Emergency Response Plan Available?	NA		PASS	0	N/A
Current Years Release Detection Records in Binder?	NA		PASS	0	N/A
State/7-11 monthly Inspection Forms completed, placed in Binder (12 months worth) and picture uploaded? (Required STATES: IL, KS, OH, TN)	NA		PASS	0	N/A
<b>UST Operator Documenta</b>					<b>0</b>
Class C Operator Training Certificates Available for All Employees? (If Not, List Employee's Name) (ILINOIS recertification required every 2 years)	NA		PASS	0	N/A
Class A/B Operator Certificate (s) in Binder?	NA		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>FACILITY</b>					<b>0</b>
<b>Automatic Tank Gauge</b>					<b>0</b>
ATG Accessible to Employees (no obstruction)?	Yes		PASS	0	N/A
Is the ATG in alarm?	No		PASS	0	N/A
Were ATG reports printed and photo of tapes taken?	Yes		PASS	1	N/A
Is the ATG Printer working? (Replace paper if needed)	Yes		PASS	0	N/A
<b>Emergency Shut Off</b>					<b>0</b>
Is there a ESO Accessible to Employees?	Yes		PASS	0	N/A
Is ESO Damaged? (If YES, describe damaged)	No		PASS	0	N/A
<b>Fire Extinguishers</b>					<b>0</b>
Is there a Fire Extinguisher within 100 Feet of dispensers?	Yes		PASS	0	N/A
Are any Outside Fire Extinguishers expired?	No		PASS	0	N/A
# Of Outside Fire Extinguishers Expired	0		N/A	0	N/A

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>TANK PAD</b>					<b>0</b>
<b>STP Sumps</b>					<b>0</b>
Are all STP Sumps Dry and Free of Debris?	Yes		PASS	0	N/A
Are all STP Sump lids and gaskets in good condition?	Yes		PASS	0	N/A
Are the STP and piping connections in the sumps free of any signs of seepage?	Yes		PASS	0	N/A
<b>Spill Buckets</b>					<b>0</b>
All Spill Buckets have Fill Drop Tubes Present and Undamaged?	Yes		PASS	0	N/A
All Spill Buckets free of liquid & debris?	Yes		PASS	0	N/A
All Spill Buckets Drain valve functioning properly?	Yes		PASS	0	N/A
All Spill Buckets Fill Caps have Gaskets & Sealing properly? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
All Spill Buckets have a Product Tag / Collar present on each riser? If NO, list product and item needed	Yes		PASS	0	N/A
All Spill Buckets in good condition?	Yes		PASS	0	N/A
All Manholes Lids painted and not faded? VENDOR replace & paint if needed	Yes		PASS	0	N/A
<b>Vapor Recovery Buckets</b>					<b>0</b>
All Vapor Poppets Sealing properly after compression and undamaged?	Yes		PASS	0	N/A
All Vapor caps and gasket in good condition? Inspector to replace if missing or damage	Yes		PASS	0	N/A
All Manway cover/lids in good condition? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
Do Manway cover/lids need painted? Inspector to paint as needed	No		PASS	0	N/A
<b>Vent Stack</b>					<b>0</b>
Vent Caps Present?	Yes		PASS	0	N/A
If Vent Box Present, free of liquid & debris?	NA		PASS	0	N/A
If Sensor is present in Vent box, sitting on the bottom?	NA		PASS	0	N/A
Are bollards damaged by Vent pipes?	No		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score

DISPENSERS					0
All Dispenser Nozzles & Swivels functional and show no signs of weeping? If No, list damaged & dispenser #	Yes		PASS	0	N/A
All Dispenser Hoses in good condition, showing no Signs of splitting or cracking? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Hose Length 6", Minimum from Ground or Island? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Breakaways and Whip Hoses in good condition and Show no Signs of weeping? If NO, list dispenser # and equipment	Yes		PASS	0	N/A
Are all UDC's (if present) Free of liquid and debris?	Yes		PASS	0	N/A
Do any of the Dispensers Meter/Union/Filter (s) show signs of weepage? If YES, list dispenser # and equipment	No		PASS	0	N/A
Are all Dispenser Shear Valves mounted correctly & secured? If No, list dispenser # and product	Yes		PASS	0	N/A
If Sensors are Present in UDC's, sitting on the bottom? If No, list UDC #	Yes		PASS	0	N/A
All Dispenser Calibration Metal Tie Lock Seals Intact? If No, list dispenser # and product	Yes		PASS	0	N/A
Do any Dispenser Meter Seals show visible sign of leaks? If Yes, list dispenser #	No		PASS	0	N/A
Dispenser Island Bollards damaged? If Yes, list dispenser #	No		PASS	0	N/A
Any Skimming Device Present? If present shut dispenser down immediately and notify Store Manager and 7-Eleven Compliance personnel.	No		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
HAZARDOUS WASTE					0
Are there Hazardous Waste Drums Needing Picked up? If Yes, list contents and # of barrels	No		PASS	0	N/A
Is a drum for solids present?	Yes		N/A	0	N/A
Is the solid drum in good condition?	Yes		PASS	0	N/A
Is the solids drum 75% full?	No		PASS	0	N/A
Is a drum for liquids present?	Yes		N/A	0	N/A



Is the liquid drum in good condition?	Yes		PASS	0	N/A
Is the liquids drum 75% full?	No		PASS	0	N/A
Are the drums properly labeled?	Yes		PASS	0	N/A
Are the labels completely filled out?	Yes		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>ENVIRONMENTAL</b>					<b>0</b>
Are any Well covers damaged?	No		PASS	0	N/A

# USTNKALLIANCE - Indiana

## 7-ELEVEN, INC

43653/1213

298 S. 00 EW

KOKOMO, IN 46902-4902

State ID: 2409



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
6/8/2023	6/8/2023	Carlos Brito	-	-

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>RECORD KEEPING (Copies of All Documents located in SEEDS)</b>					<b>0</b>
Current Years Financial Responsibility Document in Binder?	NA		PASS	0	N/A
UST Permit / Certificate to Operate Available and Not Expired?	NA		PASS	0	N/A
Emergency Response Plan Available?	NA		PASS	0	N/A
Current Years Release Detection Records in Binder?	NA		PASS	0	N/A
State/7-11 monthly Inspection Forms completed, placed in Binder (12 months worth) and picture uploaded? (Required STATES: IL, KS, OH, TN)	NA		PASS	0	N/A
<b>UST Operator Documenta</b>					<b>0</b>
Class C Operator Training Certificates Available for All Employees? (If Not, List Employee's Name) (ILINOIS recertification required every 2 years)	NA		PASS	0	N/A
Class A/B Operator Certificate (s) in Binder?	NA		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>FACILITY</b>					<b>0</b>
<b>Automatic Tank Gauge</b>					<b>0</b>
ATG Accessible to Employees (no obstruction)?	Yes		PASS	0	N/A
Is the ATG in alarm?	No		PASS	0	N/A
Were ATG reports printed and photo of tapes taken?	Yes		PASS	1	N/A
Is the ATG Printer working? (Replace paper if needed)	Yes		PASS	0	N/A
<b>Emergency Shut Off</b>					<b>0</b>
Is there a ESO Accessible to Employees?	Yes		PASS	0	N/A
Is ESO Damaged? (If YES, describe damaged)	No		PASS	0	N/A
<b>Fire Extinguishers</b>					<b>0</b>
Is there a Fire Extinguisher within 100 Feet of dispensers?	Yes		PASS	0	N/A
Are any Outside Fire Extinguishers expired?	No		PASS	0	N/A
# Of Outside Fire Extinguishers Expired	0		N/A	0	N/A

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>TANK PAD</b>					<b>0</b>
<b>STP Sumps</b>					<b>0</b>
Are all STP Sumps Dry and Free of Debris?	Yes		PASS	0	N/A
Are all STP Sump lids and gaskets in good condition?	Yes		PASS	0	N/A
Are the STP and piping connections in the sumps free of any signs of seepage?	Yes		PASS	0	N/A
<b>Spill Buckets</b>					<b>0</b>
All Spill Buckets have Fill Drop Tubes Present and Undamaged?	Yes		PASS	0	N/A
All Spill Buckets free of liquid & debris?	Yes		PASS	0	N/A
All Spill Buckets Drain valve functioning properly?	Yes		PASS	0	N/A
All Spill Buckets Fill Caps have Gaskets & Sealing properly? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
All Spill Buckets have a Product Tag / Collar present on each riser? If NO, list product and item needed	Yes		PASS	0	N/A
All Spill Buckets in good condition?	Yes		PASS	0	N/A
All Manholes Lids painted and not faded? VENDOR replace & paint if needed	Yes		PASS	0	N/A
<b>Vapor Recovery Buckets</b>					<b>0</b>
All Vapor Poppets Sealing properly after compression and undamaged?	Yes		PASS	0	N/A
All Vapor caps and gasket in good condition? Inspector to replace if missing or damage	Yes		PASS	0	N/A
All Manway cover/lids in good condition? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
Do Manway cover/lids need painted? Inspector to paint as needed	No		PASS	0	N/A
<b>Vent Stack</b>					<b>0</b>
Vent Caps Present?	Yes		PASS	0	N/A
If Vent Box Present, free of liquid & debris?	NA		PASS	0	N/A
If Sensor is present in Vent box, sitting on the bottom?	NA		PASS	0	N/A
Are bollards damaged by Vent pipes?	No		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score

DISPENSERS					0
All Dispenser Nozzles & Swivels functional and show no signs of weeping? If No, list damaged & dispenser #	Yes		PASS	0	N/A
All Dispenser Hoses in good condition, showing no Signs of splitting or cracking? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Hose Length 6", Minimum from Ground or Island? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Breakaways and Whip Hoses in good condition and Show no Signs of weeping? If NO, list dispenser # and equipment	Yes		PASS	0	N/A
Are all UDC's (if present) Free of liquid and debris?	Yes		PASS	0	N/A
Do any of the Dispensers Meter/Union/Filter (s) show signs of weepage? If YES, list dispenser # and equipment	No		PASS	0	N/A
Are all Dispenser Shear Valves mounted correctly & secured? If No, list dispenser # and product	Yes		PASS	0	N/A
If Sensors are Present in UDC's, sitting on the bottom? If No, list UDC #	Yes		PASS	0	N/A
All Dispenser Calibration Metal Tie Lock Seals Intact? If No, list dispenser # and product	Yes		PASS	0	N/A
Do any Dispenser Meter Seals show visible sign of leaks? If Yes, list dispenser #	No		PASS	0	N/A
Dispenser Island Bollards damaged? If Yes, list dispenser #	No		PASS	0	N/A
Any Skimming Device Present? If present shut dispenser down immediately and notify Store Manager and 7-Eleven Compliance personnel.	No		PASS	0	N/A

Section Name

Question	Response	Comment	Pass/Fail	# of Attachments	Score
HAZARDOUS WASTE					0
Are there Hazardous Waste Drums Needing Picked up? If Yes, list contents and # of barrels	No		PASS	0	N/A
Is a drum for solids present?	Yes		N/A	0	N/A
Is the solid drum in good condition?	Yes		PASS	0	N/A
Is the solids drum 75% full?	No		PASS	0	N/A
Is a drum for liquids present?	Yes		N/A	0	N/A

Is the liquid drum in good condition?	Yes		PASS	0	N/A
Is the liquids drum 75% full?	No		PASS	0	N/A
Are the drums properly labeled?	N/A	ordered more labels	N/A	0	N/A
Are the labels completely filled out?	N/A		N/A	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>ENVIRONMENTAL</b>					<b>0</b>
Are any Well covers damaged?	No		PASS	0	N/A

# USTNKALLIANCE - Michigan

## 7-ELEVEN, INC

43653/1213

298 S. 00 EW

KOKOMO, IN 46902-4902

State ID: 2409



Inspection Date	Completed Date	Inspected By	Pending Review Date	Reviewed By
5/8/2023	5/8/2023	Carlos Brito	-	-

Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>RECORD KEEPING (Copies of All Documents located in SEEDS)</b>					<b>0</b>
Current Years Financial Responsibility Document in Binder?	NA		PASS	0	N/A
UST Permit / Certificate to Operate Available and Not Expired?	NA		PASS	0	N/A
Emergency Response Plan Available?	NA		PASS	0	N/A
Current Years Release Detection Records in Binder?	NA		PASS	0	N/A
State/7-11 monthly Inspection Forms completed, placed in Binder (12 months worth) and picture uploaded? (Required STATES: IL, KS, OH, TN)	NA		PASS	0	N/A
<b>UST Operator Documenta</b>					<b>0</b>
Class C Operator Training Certificates Available for All Employees? (If Not, List Employee's Name) (ILINOIS recertification required every 2 years)	NA		PASS	0	N/A
Class A/B Operator Certificate (s) in Binder?	NA		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>FACILITY</b>					<b>0</b>
<b>Automatic Tank Gauge</b>					<b>0</b>
ATG Accessible to Employees (no obstruction)?	Yes		PASS	0	N/A
Is the ATG in alarm?	No		PASS	0	N/A
Were ATG reports printed and photo of tapes taken?	Yes		PASS	1	N/A
Is the ATG Printer working? (Replace paper if needed)	Yes		PASS	0	N/A
<b>Emergency Shut Off</b>					<b>0</b>
Is there a ESO Accessible to Employees?	Yes		PASS	0	N/A
Is ESO Damaged? (If YES, describe damaged)	No		PASS	0	N/A
<b>Fire Extinguishers</b>					<b>0</b>
Is there a Fire Extinguisher within 100 Feet of dispensers?	Yes		PASS	0	N/A
Are any Outside Fire Extinguishers expired?	No		PASS	0	N/A
# Of Outside Fire Extinguishers Expired	0		N/A	0	N/A



Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>TANK PAD</b>					<b>0</b>
<b>STP Sumps</b>					<b>0</b>
Are all STP Sumps Dry and Free of Debris?	Yes		PASS	0	N/A
Are all STP Sump lids and gaskets in good condition?	Yes		PASS	0	N/A
Are the STP and piping connections in the sumps free of any signs of seepage?	Yes		PASS	0	N/A
<b>Spill Buckets</b>					<b>0</b>
All Spill Buckets have Fill Drop Tubes Present and Undamaged?	Yes		PASS	0	N/A
All Spill Buckets free of liquid & debris?	Yes		PASS	0	N/A
All Spill Buckets Drain valve functioning properly?	Yes		PASS	0	N/A
All Spill Buckets Fill Caps have Gaskets & Sealing properly? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
All Spill Buckets have a Product Tag / Collar present on each riser? If NO, list product and item needed	Yes		PASS	0	N/A
All Spill Buckets in good condition?	Yes		PASS	0	N/A
All Manholes Lids painted and not faded? VENDOR replace & paint if needed	Yes		PASS	0	N/A
<b>Vapor Recovery Buckets</b>					<b>0</b>
All Vapor Poppets Sealing properly after compression and undamaged?	Yes		PASS	0	N/A
All Vapor caps and gasket in good condition? Inspector to replace if missing or damage	Yes		PASS	0	N/A
All Manway cover/lids in good condition? Inspector to replace if missing or damaged	Yes		PASS	0	N/A
Do Manway cover/lids need painted? Inspector to paint as needed	No		PASS	0	N/A
<b>Vent Stack</b>					<b>0</b>
Vent Caps Present?	Yes		PASS	0	N/A
If Vent Box Present, free of liquid & debris?	NA		PASS	0	N/A
If Sensor is present in Vent box, sitting on the bottom?	NA		PASS	0	N/A
Are bollards damaged by Vent pipes?	NA		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score

DISPENSERS					0
All Dispenser Nozzles & Swivels functional and show no signs of weeping? If No, list damaged & dispenser #	Yes		PASS	0	N/A
All Dispenser Hoses in good condition, showing no Signs of splitting or cracking? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Hose Length 6", Minimum from Ground or Island? If NO, list dispenser #	Yes		PASS	0	N/A
All Dispensers Breakaways and Whip Hoses in good condition and Show no Signs of weeping? If NO, list dispenser # and equipment	Yes		PASS	0	N/A
Are all UDC's (if present) Free of liquid and debris?	Yes		PASS	0	N/A
Do any of the Dispensers Meter/Union/Filter (s) show signs of weepage? If YES, list dispenser # and equipment	No		PASS	0	N/A
Are all Dispenser Shear Valves mounted correctly & secured? If No, list dispenser # and product	Yes		PASS	0	N/A
If Sensors are Present in UDC's, sitting on the bottom? If No, list UDC #	Yes		PASS	0	N/A
All Dispenser Calibration Metal Tie Lock Seals Intact? If No, list dispenser # and product	Yes		PASS	0	N/A
Do any Dispenser Meter Seals show visible sign of leaks? If Yes, list dispenser #	No		PASS	0	N/A
Dispenser Island Bollards damaged? If Yes, list dispenser #	No		PASS	0	N/A
Any Skimming Device Present? If present shut dispenser down immediately and notify Store Manager and 7-Eleven Compliance personnel.	No		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
HAZARDOUS WASTE					0
Are there Hazardous Waste Drums Needing Picked up? If Yes, list contents and # of barrels	No		PASS	0	N/A
Is a drum for solids present?	Yes		N/A	0	N/A
Is the solid drum in good condition?	Yes		PASS	0	N/A
Is the solids drum 75% full?	No		PASS	0	N/A
Is a drum for liquids present?	Yes		N/A	0	N/A

Is the liquid drum in good condition?	Yes		PASS	0	N/A
Is the liquids drum 75% full?	No		PASS	0	N/A
Are the drums properly labeled?	Yes		PASS	0	N/A
Are the labels completely filled out?	Yes		PASS	0	N/A
Section Name					
Question	Response	Comment	Pass/Fail	# of Attachments	Score
<b>ENVIRONMENTAL</b>					<b>0</b>
Are any Well covers damaged?	No		PASS	0	N/A



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

# *Certificate of Completion*

Awarded to:

Michael Byrne

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

License #: 20091

Issue Date: March 02, 2022

Expiration Date: March 02, 2025

Bruno L. Pigott, Commissioner

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



7-Eleven, Inc.  
SEI Fuels  
Gas Compliance  
PO Box 711  
Dallas, TX. 75221-0711

December 7, 2023

Indiana Department of Environmental Management  
Office of Land Quality, Underground Storage Tanks Branch  
100 North Senate Avenue  
Indianapolis, IN 46204

Re: 2023-2024 Financial Responsibility for 7-Eleven, Inc. / Speedway LLC

In accordance with rules promulgated by the U.S. Environmental Protection Agency and their state counterparts, 7-Eleven, Inc. and Speedway LLC would like to demonstrate financial responsibility using the attached documentation and hereby certifies compliance with the requirements of Subpart H of 40 CFR 280. The attached Certificate is valid through December 18, 2024.

Enclosed for your information:

- Certificate of Financial Responsibility
- Certificate of Insurance issued by Ironshore Specialty Insurance Company
- AON blanket coverage letter
- Tank Schedule

Please feel free to contact me should you have any questions or concerns or need more information.

Sincerely,

A handwritten signature in black ink that reads "Michael Byrne".

Michael Byrne  
7-Eleven, Inc.  
Regional Environmental Compliance Manager  
Michael.Byrne@7-11.com  
937-863-7667

**CERTIFICATION OF FINANCIAL RESPONSIBILITY**

7-Eleven, Inc. hereby certifies that it is in compliance with the requirements of Subpart H of 40 CFR part 280.

The financial assurance mechanisms used to demonstrate financial responsibility under 40 CFR part 280 are as follows:

Policy No. ISPILL5BFGE001 issued by Ironshore Specialty Insurance Company, effective through December 18, 2024, and covering underground storage tanks for taking corrective action and/or compensating third parties for bodily injury and property damage caused by accidental releases in the amount of ONE MILLION DOLLARS (\$1,000,000) "per occurrence" and TWO MILLION DOLLARS (\$2,000,000) "annual aggregate" as specified by 40 CFR §280.93; and

To the extent of its eligibility, participation in various State funds and State assurance programs as set forth in 40 CFR §280.101.

7-ELEVEN, INC.

By: *Ron Fulenchek*

Name: Ron Fulenchek

Title: Assistant Secretary and Sr. Director-  
Gasoline Environmental Compliance  
& Remediation

Date: 11-28-2023

STATE OF TEXAS )

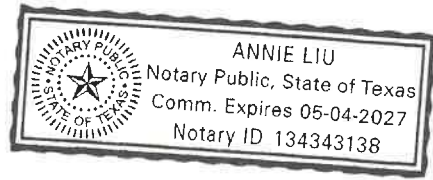
COUNTY OF ~~DALLAS~~ )

COLLINAL

SUBSCRIBED AND SWORN TO BEFORE ME this 28<sup>th</sup> day of November, 2023.

*Annie Liu*  
Notary Public In and For Said County and State

My Commission Expires: 05-04-2027





**INDIANA STORAGE TANK CERTIFICATE OF INSURANCE  
TO DEMONSTRATE FINANCIAL RESPONSIBILITY**

Facility Name and Address: Per the attached Facility and Tank Schedule

Policy Number: ISPILLSB5FGE001

Period of Coverage: December 18, 2020 to December 18, 2024

Name of Insurer: Ironshore Specialty Insurance Company

Address of Insurer: 175 Berkeley Street, Boston, MA 02116

Name of Insured: 7-Eleven, Inc.

Address of Insured: 3200 Hackberry Road, Irving, TX 75063

**CERTIFICATION:**

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

Facility ID	Facility Name and Address	Number of Tanks
	Per the attached Facility and Tank schedule	

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

The limits of liability are \$1,000,000 each occurrence and \$2,000,000 annual aggregate, exclusive of the legal defense costs, which are subject to a separate limit under the policy. This coverage is provided under ISPILLSB5FGE001. The effective date of said policy is December 18, 2020.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
  - a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies.
  - b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third party, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision



## IRONSHORE SPECIALTY INSURANCE COMPANY

175 Berkeley Street  
Boston, MA 02116  
Toll Free: (877) IRON411

### Endorsement # 29

**Policy Number:** ISPILLSB5FGE001  
**Insured Name:** 7-Eleven, Inc.

**Effective Date of Endorsement:** December 18, 2020

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## BROAD NAMED INSURED ENDORSEMENT AMENDMENT

This endorsement modifies insurance provided under the following:

SITE POLLUTION INCIDENT LEGAL LIABILITY SELECT (SPILLS)

It is hereby agreed that the policy to which this Endorsement is attached is amended as follows:

It is hereby agreed that **Endorsement # 11, BROAD NAMED INSURED ENDORSEMENT**, is deleted in its entirety and replaced with the following:

The definition of **Named Insured** set forth in Section **IX. DEFINITIONS** is hereby deleted and replaced with the following:

**Named Insured** means:

1. The person or entity identified in **Item 1.** of the Declarations;
2. Any subsidiary company (meaning ownership by 7-Eleven, Inc. or subsidiaries thereof of more than 50%) of the **Named Insured** as now constituted, or as may be hereinafter constituted, or, if the **Named Insured** has agreed to provide such insurance, subsidiary companies (meaning ownership by 7-Eleven, Inc. or subsidiaries thereof of more than 50%) that existed in the past;
3. Any company, partnership, joint venture, or other organization (and any partner or member thereof as respects his/its liability as such) coming under the **Named Insured's** active managerial control, but only to the extent the **Named Insured** is required by contract to provide such insurance;
4. Any company, partnership, joint venture, or other organization (and any partner or member thereof as respects his/its liability as such) in which the **Named Insured** has financial interest but does not exercise active managerial control, but only to the extent of the **Named Insured's** financial interest;
5. Any organization acquired by the **Named Insured** during the policy period through consolidation, merger, purchase of assets, or assumption of majority financial interest or active managerial control; and
6. The entities scheduled below.



**SCHEDULE OF NAMED INSURED**

Seven & I Holdings Co. Ltd  
Seven-Eleven Japan Co. Ltd  
WHP Holding Corporation  
White Hen Pantry, Inc.  
WFI Group LLC  
Wilson Farms, Inc  
WFI Assets LLC  
SEI Fuel Services, Inc  
SEJ Asset Management and Investment Company  
TFS NewCo LLC  
SEI Speedway Holdings, LLC  
Speedway Western Holdings LLC  
Speedway LLC  
Tesoro Sierra Properties, LLC  
Tesoro South Coast Company, LLC  
Tesoro West Coast Company, LLC  
2Go Tesoro, LLC  
Giant Four Corners, LLC  
Giant Stop-N-Go of New Mexico, LLC  
Western Refining Retail, LLC  
Tesoro Northstore, LLC  
Northern Tier Retail LLC  
TRMC Retail LLC

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.



\_\_\_\_\_  
Authorized Representative

June 11, 2021

\_\_\_\_\_  
Date

does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95-280.102 and 280.104-280.107.

- c. Whenever requested by a Director of an implementing agency, the Insurer agrees to furnish to the Director a signed duplicate original of the policy and all endorsements.
- d. Cancellation or any other termination of the insurance by the Insurer except for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the insured. Cancellation for non-payment of premium or misrepresentation by the insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the insured.
- e. The insurance covers claims otherwise covered by the policy that are reported to the Insurer within six months of the effective date of cancellation or non-renewal of the policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy, and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in 40 CFR 280.97(b)(2) and that the Insurer is eligible to provide insurance as an excess or surplus lines insurer, in one or more states.



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Authorized Representative of Ironshore Specialty Insurance Company

Maureen Domenicone  
Vice President, Authorized Representative of Ironshore Specialty Insurance Company  
175 Berkeley Street  
Boston, MA 02116



**VIA EMAIL**

November 28, 2023

Nancy Laughlin  
7-Eleven, Inc.  
Department of Corporate Insurance and Risk Management  
3200 Hackberry Road  
Irving, Texas 75063

**RE: 7-Eleven, Inc. - Pollution Insurance**  
**Policy No.: ISPILLSB5FGE001**

Dear Ms. Laughlin:

Please let this letter confirm certain coverage matters of the Ironshore Site Pollution Incident Legal Liability Select (SPILLS) insurance policy number ISPILLSB5FGE001 that Aon placed on behalf of 7-Eleven, Inc. for the time period 12-18-23 to 12-18-24.

7-Eleven's Ironshore SPILLS policy does cover all tanks in 7-Eleven's official tank inventory. When tanks are added to 7-Eleven's tank portfolio through acquisitions, new store construction or remodeling, or through replacement of tanks, the insurance policy provides automatic coverage for those additional or replaced tanks. The tanks are added to the policy with a retro date of the acquisition date.

Please note that this insurance policy covers all sites on a blanket basis that were inadvertently left off the location schedule at policy inception. Full coverage is extended to any sites that were inadvertently omitted or that contain incorrect addresses or other clerical errors.

Please let me know if anyone has any other questions or would like to speak to me directly.

Regards,

Jeffrey Hanneman  
Managing Director  
5555 San Felipe Suite 1500  
Houston Texas 77056  
(832) 476-6853

Facility Name	Facility Status	Address	City	State
20517	Managed (by Company)	112 CATALPA DR	MISHAWAKA	IN
21961	Managed (by Company)	1302 MILBURN	MISHAWAKA	IN
21977	Managed (by Company)	2700 S MAIN & HIVELY	ELKHART	IN
22000	Managed (by Company)	3601 Cassopolis Rd	ELKHART	IN
27054	Managed (by Company)	2207 MISHAWAKA	SOUTH BEND	IN
30165	Managed (by Company)	1417 S NAPPANEE	ELKHART	IN
30167	Managed (by Company)	845 N BROAD ST	GRIFFITH	IN
30171	Managed (by Company)	4106 WEST LINCOLNWAY	SOUTH BEND	IN
32422	Managed (by Company)	25014 COUNTY ROAD 6	ELKHART	IN
32423	Managed (by Company)	909 County Road 6	ELKHART	IN
32424	Managed (by Company)	910 W. DOUGLAS ROAD	MISHAWAKA	IN
32571	Managed (by Company)	2220 ELKHART ROAD	GOSHEN	IN
32572	Managed (by Company)	25960 COUNTY ROAD 20	ELKHART	IN
32573	Managed (by Company)	501 EAST LASALLE STREET	SOUTH BEND	IN
32574	Managed (by Company)	1329 EAST 12TH STREET	MISHAWAKA	IN
32576	Managed (by Company)	623 EAST JACKSON ST	ELKHART	IN
32577	Managed (by Company)	54543 COUNTY ROAD 17	ELKHART	IN
32578	Managed (by Company)	12510 ADAMS RD	GRANGER	IN
32579	Managed (by Company)	3624 S. Nappanee St.	ELKHART	IN
32581	Managed (by Company)	1000 S. MAIN STREET	GOSHEN	IN
32586	Managed (by Company)	2805 Toledo Rd	ELKHART	IN
32587	Managed (by Company)	901 S MAYFLOWER	SOUTH BEND	IN
32590	Managed (by Company)	30955 OLD US 20	OSCEOLA	IN
41740	Managed (by Company)	201 Pine Lake Ave.	La Porte	IN
41910	Managed (by Company)	322 E. Bristol Street	Elkhart	IN
41838	Managed (by Company)	119 W. McKinley Ave.	Mishawaka	IN
43735	Managed (by Company)	1900 SOUTH MADISON STREET	MUNCIE	IN
43761	Managed (by Company)	6419 NORTH COLLEGE AVENUE	INDIANAPOLIS	IN
43767	Managed (by Company)	6005 BROOKVILLE ROAD	INDIANAPOLIS	IN
40504	Managed (by Company) - Horizon	South)	ROLLING PRAIRIE	IN
40505	Managed (by Company) - Horizon	2961 MOOSE TRL(5 South)	ELKHART	IN
40506	Managed (by Company) - Horizon	5000 E 750 N (7 North)	HOWE	IN
40507	Managed (by Company) - Horizon	7 N WILBUR SHAW PLZ (3 North)	ROLLING PRAIRIE	IN
40508	Managed (by Company) - Horizon	28054 COUNTY ROAD 4 (5 North)	ELKHART	IN
40509	Managed (by Company) - Horizon	7065 N 475 E (7 South)	HOWE	IN
40513	Managed (by Company) - Horizon	5100 Clem Rd	PORTAGE	IN
40514	Managed (by Company) - Horizon	5105 Plaza Ave	PORTAGE	IN
43650/1018	Managed by Company - Speedway	5259 WEST 10TH STREET	INDIANAPOLIS	IN
43651/1020	Managed by Company - Speedway	10950 BROADWAY	CROWN POINT	IN
43652/1038	Managed by Company - Speedway	1550 WESTERN AVE	MARION	IN
46164/1211	Managed by Company - Speedway	279 SOUTH VAN BUREN ST	NASHVILLE	IN
43653/1213	Managed by Company - Speedway	298 S. 00 EW	KOKOMO	IN
43654/1230	Managed by Company - Speedway	4382 NATIONAL ROAD EAST	RICHMOND	IN
43655/1272	Managed by Company - Speedway	8255 W. 10TH ST.	INDIANAPOLIS	IN
43656/1300	Managed by Company - Speedway	1401 EAST WABASH STREET	FRANKFORT	IN

## Kreegar, Cynthia

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**From:** Rice, Andrew Nicholas (Andrew) <Andrew.Rice@7-11.com>  
**Sent:** Monday, June 10, 2024 12:06 PM  
**To:** IDEM USTCompliance (USTcompliance); Byrne, Michael B (Michael)  
**Cc:** Shaffer, Mark B; IDEM USTregistration  
**Subject:** UST FID 2409- Speedway #1213 Interim Response Letter 06-10-2024  
**Attachments:** 1213 Records Packet 06-10-24.pdf; 1213 T7 KER Overfill Update 06-10-2024.pdf

\*\*\*\* This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*\*

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Please accept the interim RL for Speedway #1213 that includes a partial NF updating the overfill information for T7 KER.

### Special Attention

WO 1107330992 has been created to address the observed fluid in the spill buckets  
The currently assigned tech has been queried for his Class B certificate  
The store has been queried for their most current Class C certificates

### **Andrew N. Rice**

Region Gas & Environmental Compliance Specialist – IN & MI  
500 Speedway Drive, Enon, OH 45323  
M: 937.521.9797 | [Andrew.Rice@7-11.com](mailto:Andrew.Rice@7-11.com)



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**From:** IDEM USTCompliance (USTcompliance) <USTCompliance@idem.IN.gov>  
**Sent:** Friday, May 31, 2024 8:50 AM  
**To:** Byrne, Michael B (Michael) <Michael.Byrne@7-11.com>; Rice, Andrew Nicholas (Andrew) <Andrew.Rice@7-11.com>  
**Cc:** Shaffer, Mark B <MBSshaffe@idem.IN.gov>  
**Subject:** Violation Letter, FID 2409

See attached UST correspondence.



UST Compliance Section  
Petroleum Branch | Office of Land Quality  
Indiana Department of Environmental Management

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