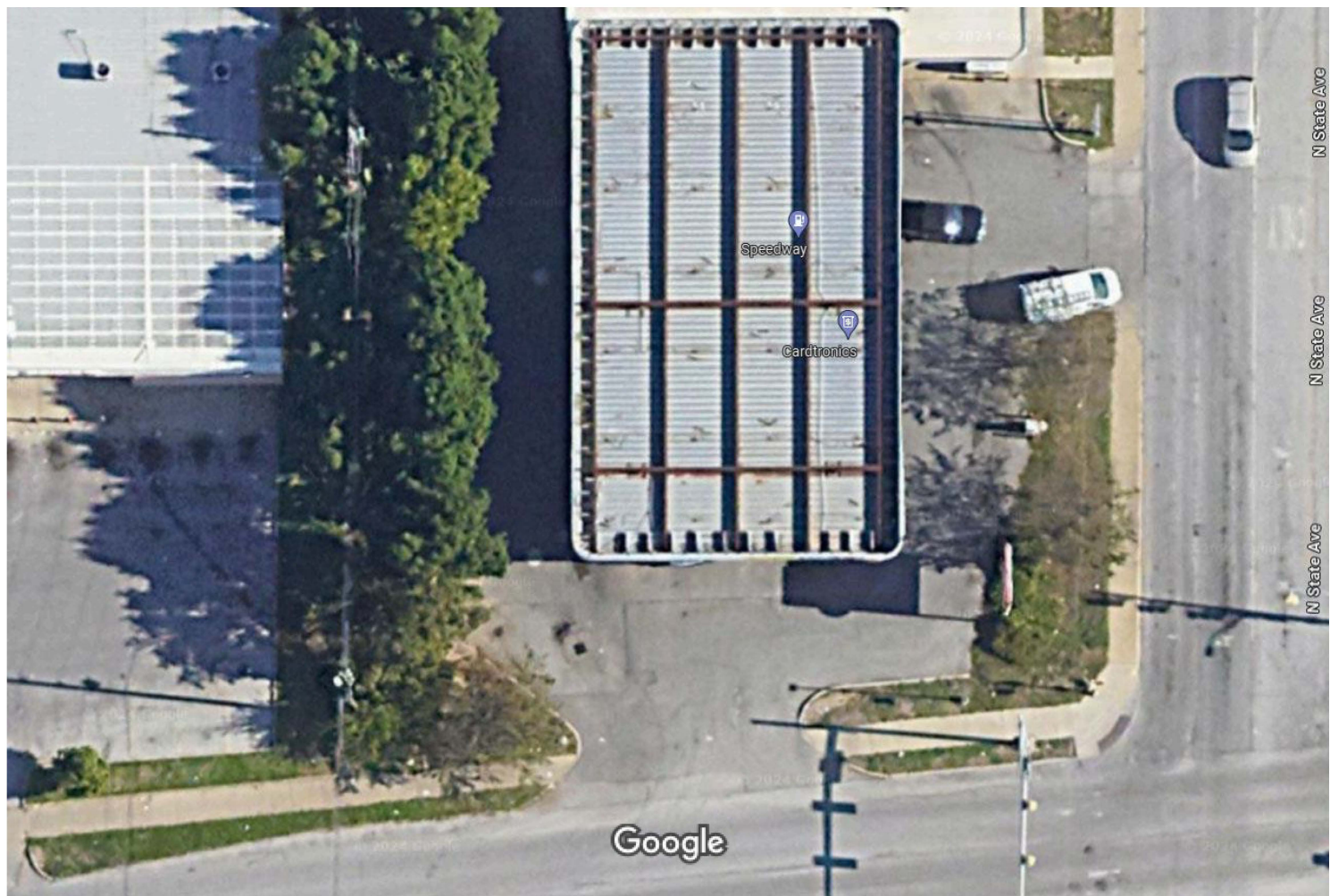


Imagery ©2024 Airbus, Maxar Technologies, Map data ©2024 Google 50 ft



Imagery ©2024 Airbus, Map data ©2024 20 ft



1295 E  
State Ave

Speedway  
Spec  
UNLEADED  
BICEL  
P



00 S  
Washington St





Lowest Cigarette Prices  
Allowed by State Law



SMOKERS STOP





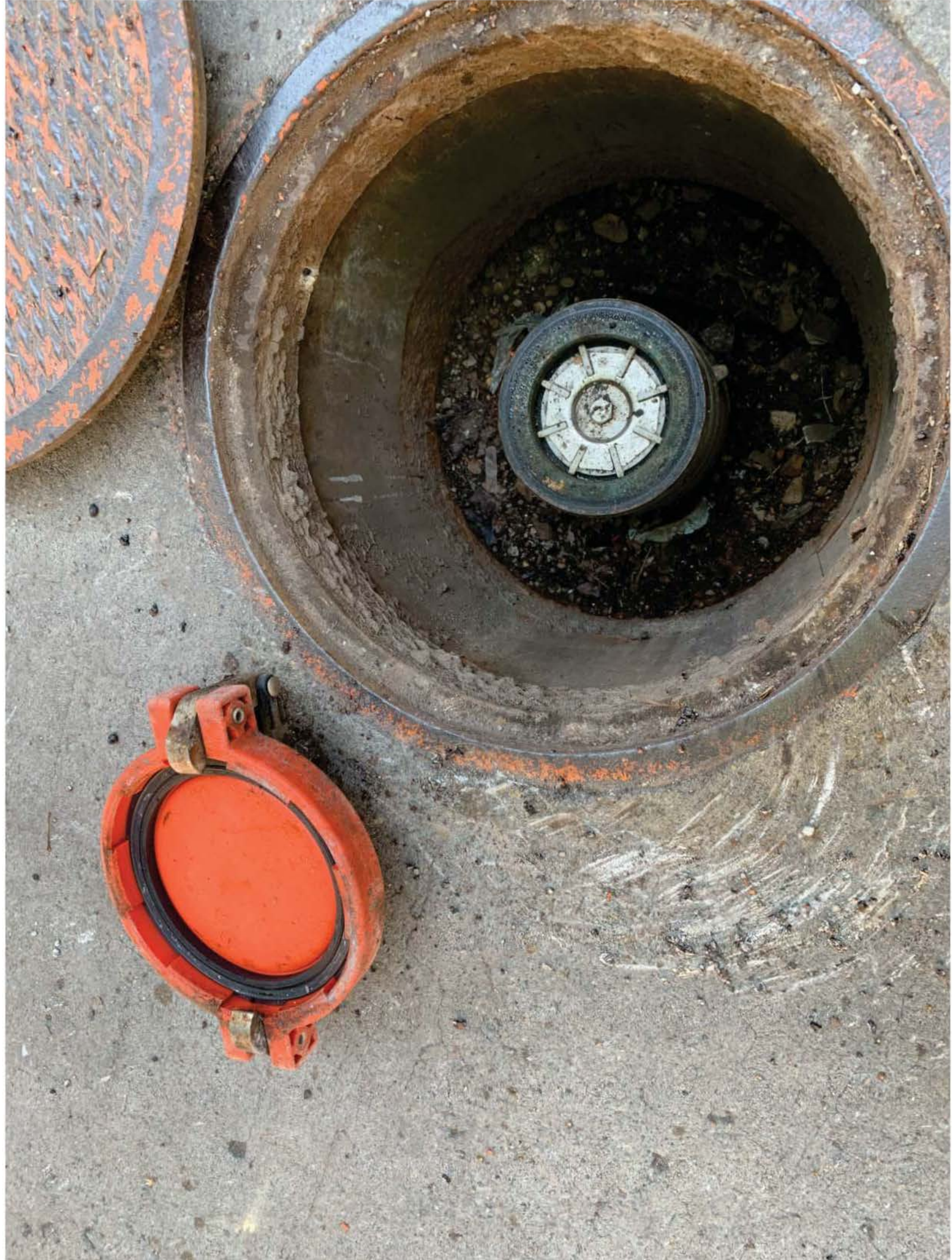
Speedway

UNLEADED 3.49  
DIESEL 3.99  
100  
FRESH COFFEE





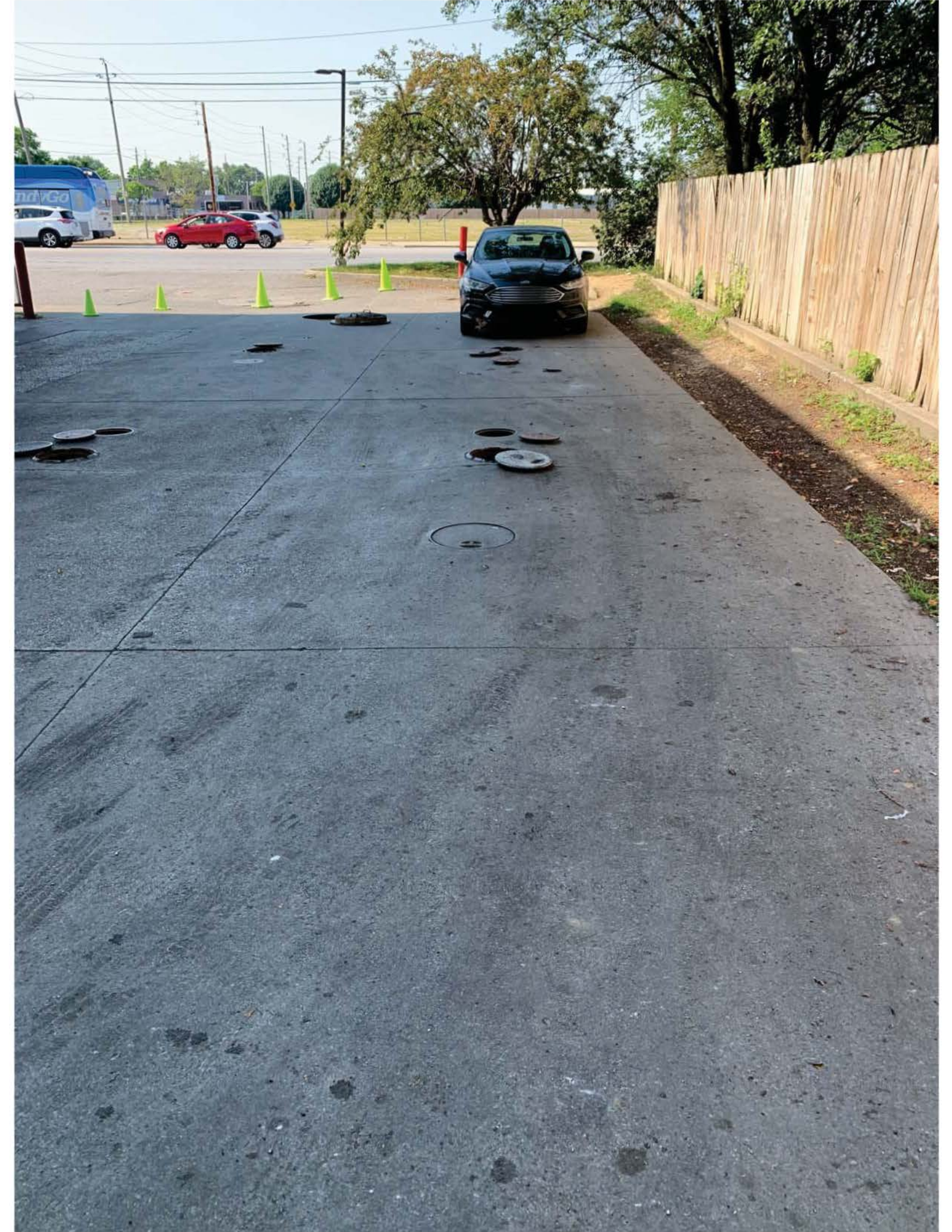






PRESSURE 22

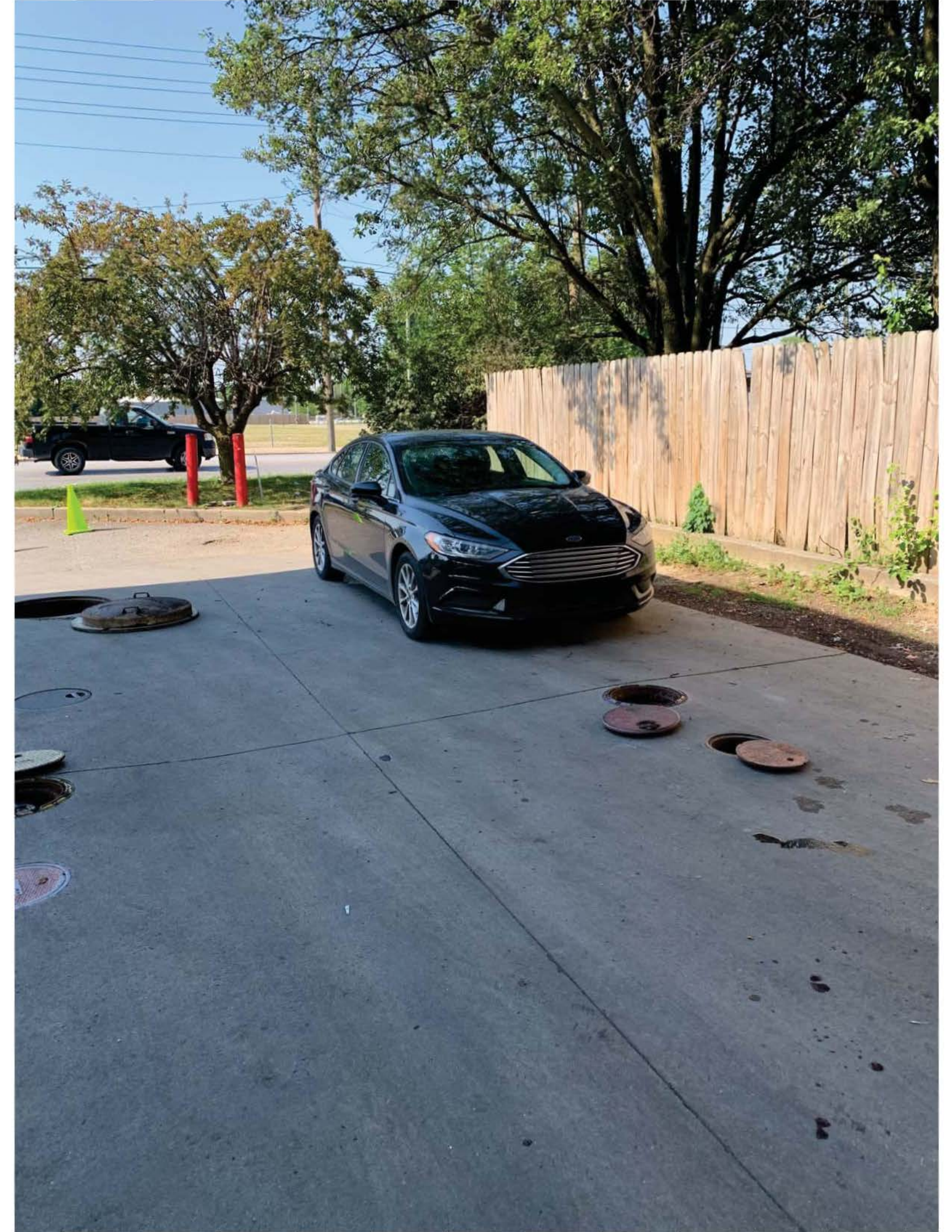






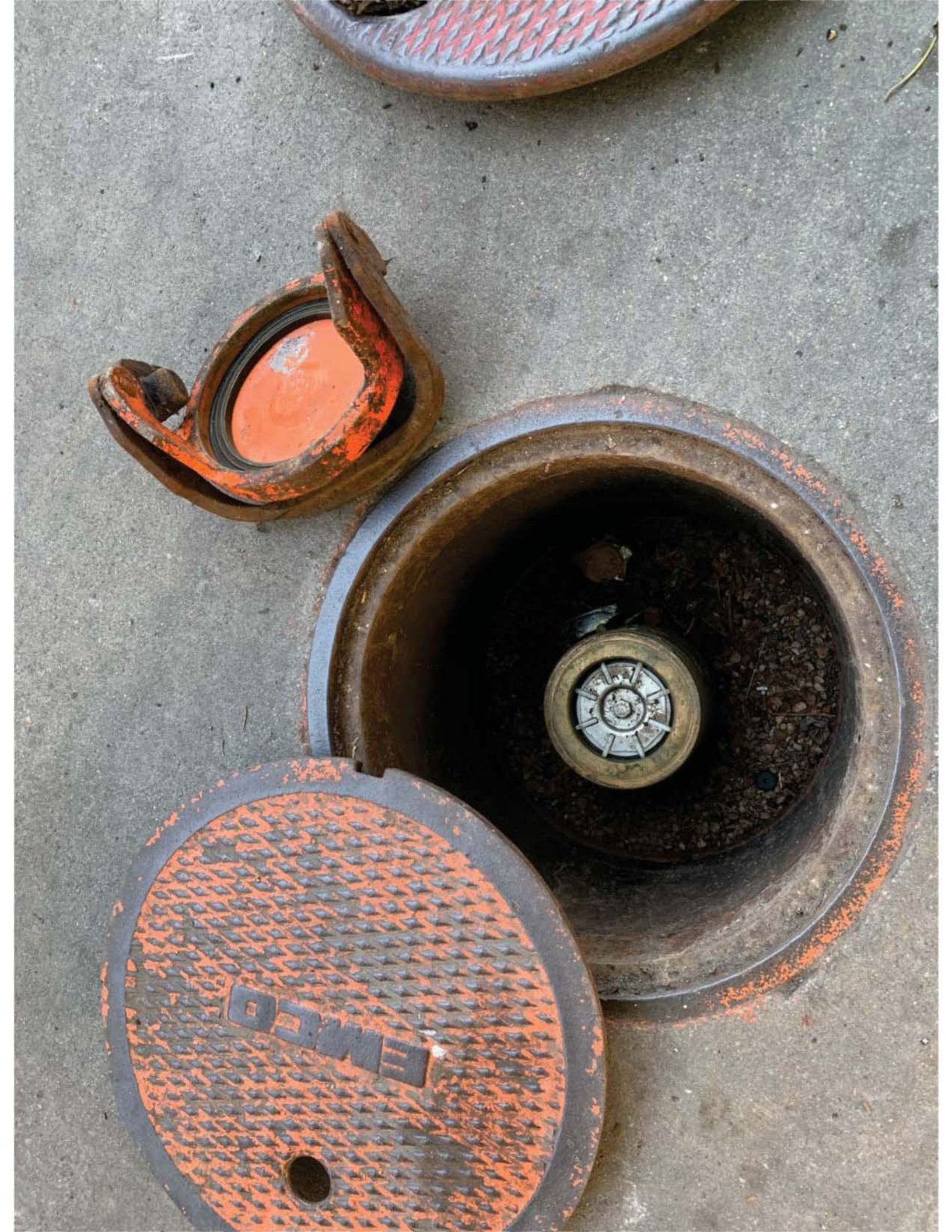




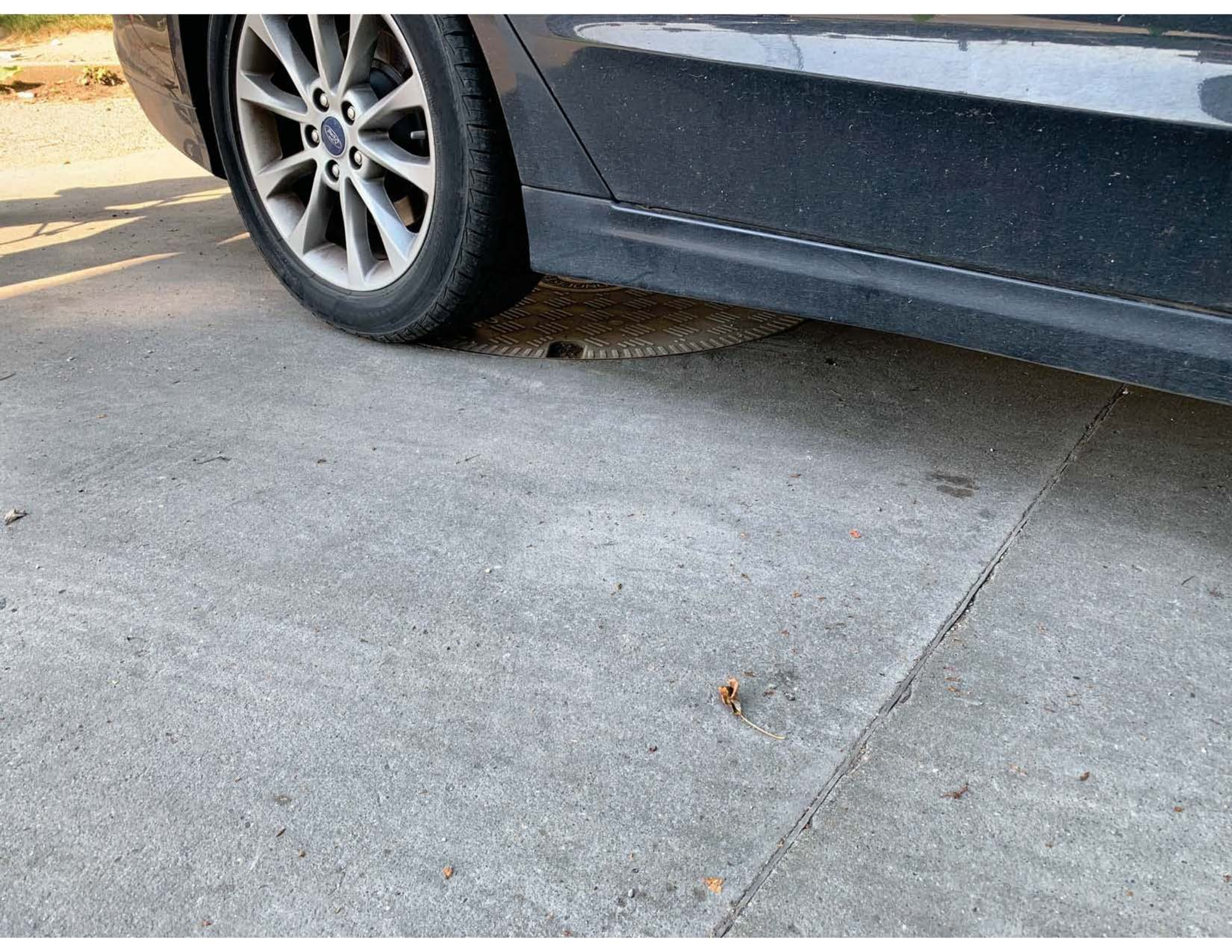








EMCO

























SELF SERVICE  
STOP ENGINE  
NO SMOKING  
PERSONS IN  
DISPENSER  
WITH HOLD  
LATCHES  
REMAIN AT  
REFUELING  
DURING RE  
IT IS UNLAW  
TO DISPENS  
GASOLINE  
UNAPPROP  
CONTAINERS  
WARNING

8

Coffee Break  
The Perfect Pick Me Up.

\$1 Large BIG GULP  
BLURPCE X TONS

WARNING  
34.2  
989.1  
Diesel 87 89 93

Speed  
UNLEADED 3  
DIESEL 3  
FRESH C









6

STOP ENGINE  
NO SMOKING  
PERSONS  
DISPENSER  
WITH HOSE  
LATCHES  
REMAIN AT  
REFUELING  
DURING RE  
IT IS UNLAWFUL  
TO DISPOSE  
GASOLINE  
UNAPPROPRIATELY  
CONTACT

FIRE  
EXTINGUISHER

What's Grillin?  
Hot. Ready. Now!



3/\$8  
Red Bull CO 2013  
SLURPEE YEARS

WARNING  
DO NOT ALLOW CHILDREN TO OPERATE OR USE THE PUMP

49.8  
14.00

UNLEADED 87  
PLUS 89  
PREMIUM 93







DIESEL

Specialty  
**SELF-SERVICE**  
STOP ENGINE WHEN  
NO SMOKING  
PERSONS DISPENSING  
WITH NOVELTY  
LATCHES REMAIN  
REFUELING DURING  
IT IS ILLEGAL TO  
TO OBTAIN  
GASOLINE UNLESS  
CONTAINING  
WARNING

4

**Sandwiches, Etc.**  
Fresh Food, Fast

**3/\$8**  
Red Bull (or 2)  
BUY 2 LITER BOTTLES OF  
RED BULL FOR \$8.00

**WARNING**  
DO NOT use the nozzle to clean your car or other vehicles.  
DO NOT use the nozzle to clean your clothes or other items.  
DO NOT use the nozzle to clean your face or other body parts.  
DO NOT use the nozzle to clean your eyes or other sensitive areas.  
DO NOT use the nozzle to clean your mouth or other internal organs.  
DO NOT use the nozzle to clean your ears or other body openings.  
DO NOT use the nozzle to clean your hair or other body parts.  
DO NOT use the nozzle to clean your skin or other body parts.  
DO NOT use the nozzle to clean your teeth or other body parts.  
DO NOT use the nozzle to clean your hands or other body parts.  
DO NOT use the nozzle to clean your feet or other body parts.  
DO NOT use the nozzle to clean your face or other body parts.  
DO NOT use the nozzle to clean your eyes or other sensitive areas.  
DO NOT use the nozzle to clean your mouth or other internal organs.  
DO NOT use the nozzle to clean your ears or other body openings.  
DO NOT use the nozzle to clean your hair or other body parts.  
DO NOT use the nozzle to clean your skin or other body parts.  
DO NOT use the nozzle to clean your teeth or other body parts.  
DO NOT use the nozzle to clean your hands or other body parts.  
DO NOT use the nozzle to clean your feet or other body parts.

87 89 93







**Thirst Quenchers**  
Chill Out with Ice Cold Refreshment

**\$1 Large BIG GULP**  
WITH A SLURPEE & TORS

**WARNING**

DO NOT USE THIS EQUIPMENT TO FILL FLAMMABLE LIQUIDS OTHER THAN GASOLINE. ALWAYS USE THE CORRECT FUEL NOZZLE AND CHECK THE FUEL TYPE BEFORE FUELING. NEVER FUEL WITH A FLAMMABLE LIQUID OTHER THAN GASOLINE. NEVER FUEL WITH A LIQUID THAT IS NOT APPROVED BY THE MANUFACTURER. NEVER FUEL WITH A LIQUID THAT IS NOT APPROVED BY THE MANUFACTURER. NEVER FUEL WITH A LIQUID THAT IS NOT APPROVED BY THE MANUFACTURER.

UNLEADED 87 PLUS 89 PREMIUM 93

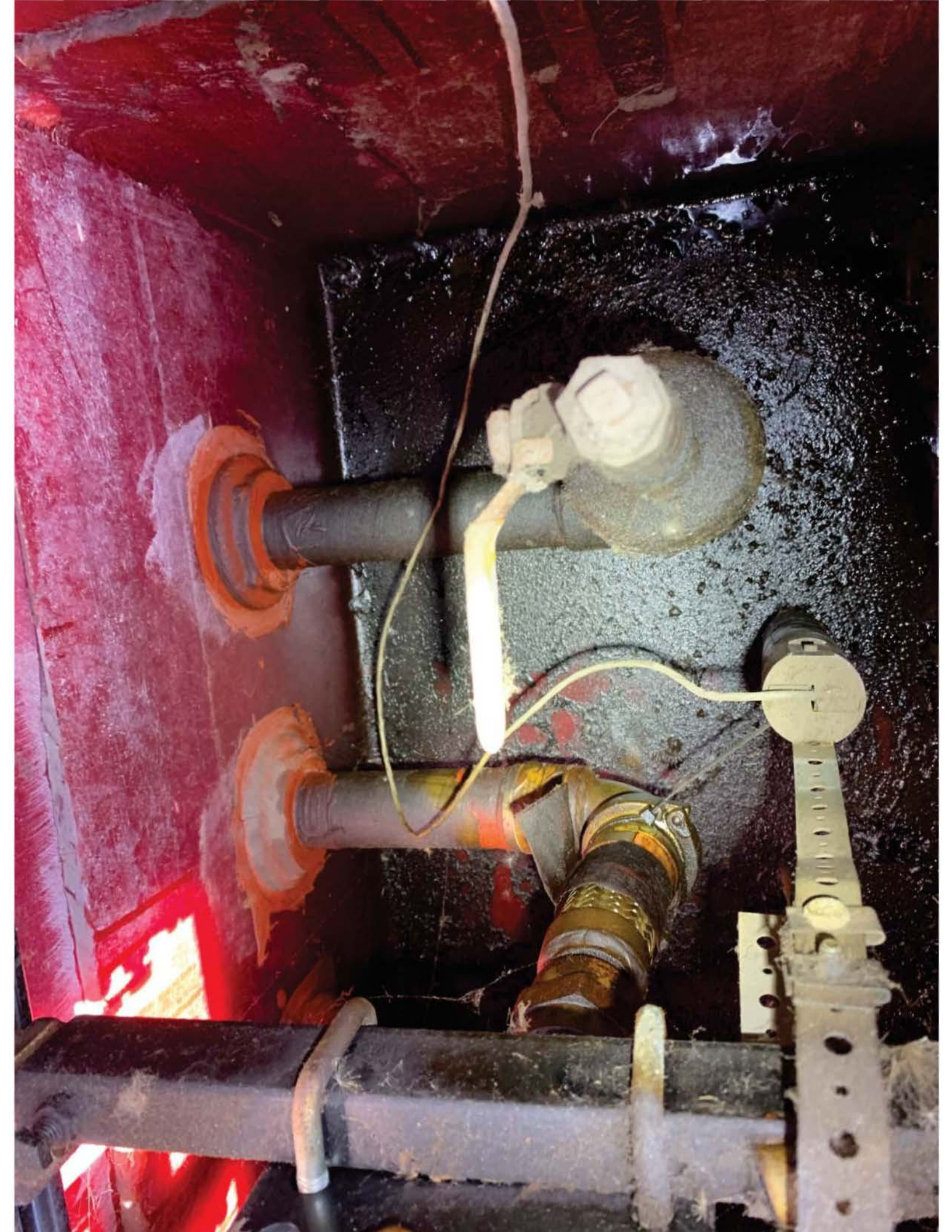


SELF SERVICE

1

NEVER USE OPEN FLAMES OR SMOKING MATERIALS NEAR THE PUMP. ALWAYS USE THE CORRECT FUEL NOZZLE AND CHECK THE FUEL TYPE BEFORE FUELING. NEVER FUEL WITH A FLAMMABLE LIQUID OTHER THAN GASOLINE. NEVER FUEL WITH A LIQUID THAT IS NOT APPROVED BY THE MANUFACTURER. NEVER FUEL WITH A LIQUID THAT IS NOT APPROVED BY THE MANUFACTURER. NEVER FUEL WITH A LIQUID THAT IS NOT APPROVED BY THE MANUFACTURER.











NO SMOKING NO OPEN FLAME  
CAUTION  
GILBOARD

0.00  
GALLONS  
PRICE/GALLON  
\$ 5.999  
TAXES INCLUDED

K1 KEROSENE

CAUTION  
DO NOT TOUCH THE HOT SURFACE OF THE ENGINE OR FUEL SYSTEM  
DO NOT TOUCH THE HOT SURFACE OF THE ENGINE OR FUEL SYSTEM  
DO NOT TOUCH THE HOT SURFACE OF THE ENGINE OR FUEL SYSTEM

CAUTION  
DO NOT TOUCH THE HOT SURFACE OF THE ENGINE OR FUEL SYSTEM  
DO NOT TOUCH THE HOT SURFACE OF THE ENGINE OR FUEL SYSTEM  
DO NOT TOUCH THE HOT SURFACE OF THE ENGINE OR FUEL SYSTEM





SPEEDWAY 6116  
1640 E. WASHINGTON  
INDPLS IN 46201  
317-638-6546  
JUN 21, 2024 9:52 AM

SYSTEM STATUS REPORT  
T 1: OVERFILL ALARM

INVENTORY REPORT

T 1:113 RUL A  
VOLUME = 7660 GALS  
ULLAGE = 2156 GALS  
90% ULLAGE = 1174 GALS  
TC VOLUME = 7613 GALS  
HEIGHT = 65.70 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 68.7 DEG F

T 2:113 RUL B  
VOLUME = 7711 GALS  
ULLAGE = 2105 GALS  
90% ULLAGE = 1123 GALS  
TC VOLUME = 7666 GALS  
HEIGHT = 66.11 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 68.3 DEG F

T 3:114 PUL  
VOLUME = 3902 GALS  
ULLAGE = 5914 GALS  
90% ULLAGE = 4932 GALS  
TC VOLUME = 3879 GALS  
HEIGHT = 38.27 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 68.0 DEG F

T 4:126 DGL 2  
VOLUME = 2886 GALS  
ULLAGE = 6930 GALS  
90% ULLAGE = 5948 GALS  
TC VOLUME = 2877 GALS  
HEIGHT = 30.82 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 66.3 DEG F

T 5:121 KER  
VOLUME = 1635 GALS  
ULLAGE = 2515 GALS  
90% ULLAGE = 2100 GALS  
TC VOLUME = 1632 GALS  
HEIGHT = 30.01 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 63.1 DEG F

MANIFOLDED TANKS  
INVENTORY TOTALS  
T 1:113 RUL A  
T 2:113 RUL B  
VOLUME = 15371 GALS  
TC VOLUME = 15277 GALS

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

SPEEDWAY 6116  
1640 E. WASHINGTON  
INDPLS IN 46201  
317-638-6546  
JUN 21, 2024 9:53 AM  
PRESSURE LINE LEAK TEST HISTORY

Q 1:113 PT RUL

LAST 3.0 GAL/HR PASS:  
JUN 21, 2024 9:46 AM

FIRST 0.20 GAL/HR PASS  
EACH MONTH:

JUN 3, 2024 1:35 AM  
MAY 2, 2024 1:37 AM  
APR 2, 2024 2:03 AM  
MAR 1, 2024 1:51 AM  
FEB 2, 2024 3:52 AM  
JAN 3, 2024 2:45 AM  
DEC 2, 2023 4:53 AM  
NOV 2, 2023 1:16 AM  
OCT 1, 2023 11:30 PM  
SEP 3, 2023 3:20 AM  
AUG 4, 2023 1:33 AM  
JUL 3, 2023 12:58 AM

FIRST 0.10 GAL/HR PASS  
EACH MONTH:

APR 16, 2024 2:04 AM  
OCT 15, 2023 3:43 AM  
APR 14, 2023 1:48 AM  
OCT 12, 2022 11:46 PM  
APR 13, 2022 1:04 AM

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

SPEEDWAY 6116  
1640 E. WASHINGTON  
INDPLS IN 46201  
317-638-6546  
JUN 21, 2024 9:53 AM  
PRESSURE LINE LEAK TEST HISTORY

Q 2:114 PT PUL

LAST 3.0 GAL/HR PASS:  
JUN 21, 2024 9:44 AM

FIRST 0.20 GAL/HR PASS  
EACH MONTH:

JUN 1, 2024 1:27 AM  
MAY 2, 2024 3:54 AM  
APR 2, 2024 12:57 AM  
MAR 2, 2024 12:12 AM  
FEB 2, 2024 1:44 AM  
JAN 3, 2024 6:03 AM  
DEC 4, 2023 1:07 AM  
NOV 4, 2023 1:21 AM  
OCT 1, 2023 4:44 PM  
SEP 1, 2023 4:15 PM  
AUG 2, 2023 3:43 PM  
JUL 1, 2023 1:01 AM

FIRST 0.10 GAL/HR PASS  
EACH MONTH:

MAR 29, 2024 5:55 PM  
SEP 29, 2023 2:52 AM  
MAR 29, 2023 7:44 PM  
SEP 28, 2022 6:29 AM  
MAR 28, 2022 9:36 PM

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

SPEEDWAY 6116  
1640 E. WASHINGTON  
INDPLS IN 46201  
317-638-6546  
JUN 21, 2024 9:53 AM  
PRESSURE LINE LEAK TEST HISTORY

Q 3:126 PT DGL-2

LAST 3.0 GAL/HR PASS:  
JUN 21, 2024 7:34 AM

FIRST 0.20 GAL/HR PASS  
EACH MONTH:

JUN 1, 2024 10:21 PM  
MAY 4, 2024 7:49 AM  
APR 4, 2024 1:49 AM  
MAR 1, 2024 7:46 AM  
FEB 2, 2024 7:51 PM  
JAN 3, 2024 5:54 AM  
DEC 4, 2023 8:24 AM  
NOV 2, 2023 8:17 PM  
OCT 3, 2023 7:26 AM  
SEP 1, 2023 8:53 PM  
AUG 2, 2023 8:45 PM  
JUL 3, 2023 6:25 AM

FIRST 0.10 GAL/HR PASS  
EACH MONTH:

MAR 31, 2024 4:39 PM  
SEP 29, 2023 9:48 PM  
MAR 31, 2023 5:09 AM  
SEP 29, 2022 12:11 AM  
MAR 30, 2022 10:51 AM

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

SPEEDWAY 6116  
1640 E. WASHINGTON  
INDPLS IN 46201  
317-638-6546  
JUN 21, 2024 9:53 AM  
PRESSURE LINE LEAK TEST HISTORY

Q 4:121 PT K-1

LAST 3.0 GAL/HR PASS:  
JUN 19, 2024 12:21 PM

FIRST 0.20 GAL/HR PASS  
EACH MONTH:

JUN 19, 2024 12:53 PM  
MAY 20, 2024 9:07 PM  
APR 4, 2024 12:42 AM  
MAR 3, 2024 3:40 AM  
FEB 2, 2024 8:45 PM  
JAN 3, 2024 9:01 AM  
DEC 2, 2023 8:51 AM  
NOV 4, 2023 9:51 AM  
OCT 17, 2023 4:47 PM  
SEP 1, 2023 9:46 AM  
AUG 21, 2023 3:28 PM  
JUL 10, 2023 3:17 PM

FIRST 0.10 GAL/HR PASS  
EACH MONTH:

MAY 20, 2024 9:22 PM  
OCT 23, 2023 7:41 AM  
APR 22, 2023 12:25 PM  
OCT 16, 2022 6:43 PM  
MAR 26, 2022 7:55 AM

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

SPEEDWAY 6116  
1640 E. WASHINGTON  
INDPLS IN 46201  
317-638-6546  
JUN 21, 2024 9:53 AM  
LIQUID STATUS

L 1: REGULAR SUMP  
SENSOR NORMAL

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

SPEEDWAY 6116  
1640 E. WASHINGTON  
INDPLS IN 46201  
317-638-6546  
JUN 21, 2024 9:53 AM  
LIQUID STATUS

L 2: PREMIUM SUMP  
SENSOR NORMAL

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

SPEEDWAY 6116  
1640 E. WASHINGTON  
INDPLS IN 46201  
317-638-6546  
JUN 21, 2024 9:53 AM  
LIQUID STATUS

L 3: DIESEL SUMP  
SENSOR NORMAL

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

SPEEDWAY 6116  
1640 E. WASHINGTON  
INDPLS IN 46201  
317-638-6546  
JUN 21, 2024 9:53 AM  
LIQUID STATUS

L 4: K-1 SUMP  
SENSOR NORMAL

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

SPEEDWAY 6116  
1640 E. WASHINGTON  
INDPLS IN 46201  
317-638-6546  
JUN 21, 2024 9:53 AM  
LIQUID STATUS

L 5: DISPENSER 3-4 SUMP  
SENSOR NORMAL

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

SPEEDWAY 6116  
1640 E. WASHINGTON  
INDPLS IN 46201  
317-638-6546  
JUN 21, 2024 9:53 AM  
LIQUID STATUS

L 7: DISPENSER 5-6 SUMP  
SENSOR NORMAL

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

SPEEDWAY 6116  
1640 E. WASHINGTON  
INDPLS IN 46201  
317-638-6546  
JUN 21, 2024 9:53 AM  
LIQUID STATUS

L 8: DISPENSER 7-8 SUMP  
SENSOR NORMAL

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



Speedway LLC.

Tank Compliance Report

Store# 6116

Facility ID# 006712

1640 E Washington St INDIANAPOLIS, IN

Last 12 Months - Reported 06/07/2024

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**- Kerosene -**

**Tank# 5 - Sensor# 5**

RD Method - CSLD

|                 |                 |                 |                 |                 |                 |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 06/07/2024 Pass | 05/08/2024 Pass | 04/08/2024 Pass | 03/09/2024 Pass | 02/08/2024 Pass | 01/09/2024 Pass |
| 12/10/2023 Pass | 11/10/2023 Pass | 10/11/2023 Pass | 09/11/2023 Pass | 08/12/2023 Pass | 07/13/2023 Pass |
| 06/13/2023 Pass | 05/14/2023 Pass |                 |                 |                 |                 |

**- Regular -**

**Tank# 6 - Sensor# 1**

RD Method - CSLD

|                 |                 |                 |                 |                 |                 |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 06/07/2024 Pass | 05/08/2024 Pass | 04/08/2024 Pass | 03/09/2024 Pass | 02/08/2024 Pass | 01/09/2024 Pass |
| 12/10/2023 Pass | 11/10/2023 Pass | 10/11/2023 Pass | 09/11/2023 Pass | 08/12/2023 Pass | 07/13/2023 Pass |
| 06/21/2023 Pass | 05/22/2023 Pass |                 |                 |                 |                 |

**- Regular -**

**Tank# 7 - Sensor# 2**

RD Method - CSLD

|                 |                 |                 |                 |                 |                 |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 06/07/2024 Pass | 05/08/2024 Pass | 04/08/2024 Pass | 03/09/2024 Pass | 02/08/2024 Pass | 01/09/2024 Pass |
| 12/10/2023 Pass | 11/10/2023 Pass | 10/11/2023 Pass | 09/11/2023 Pass | 08/12/2023 Pass | 07/13/2023 Pass |
| 06/28/2023 Pass | 06/20/2023 Pass | 05/21/2023 Pass |                 |                 |                 |

**- Premium -**

**Tank# 8 - Sensor# 3**

RD Method - CSLD

|                 |                 |                 |                 |                 |                 |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 06/07/2024 Pass | 05/08/2024 Pass | 04/08/2024 Pass | 03/09/2024 Pass | 02/08/2024 Pass | 01/09/2024 Pass |
| 12/10/2023 Pass | 11/10/2023 Pass | 10/11/2023 Pass | 09/11/2023 Pass | 08/12/2023 Pass | 07/13/2023 Pass |
| 06/13/2023 Pass | 05/14/2023 Pass |                 |                 |                 |                 |

**- Diesel -**

**Tank# 9 - Sensor# 4**

RD Method - CSLD

|                 |                 |                 |                 |                 |                 |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 06/07/2024 Pass | 05/08/2024 Pass | 04/08/2024 Pass | 03/09/2024 Pass | 02/08/2024 Pass | 01/09/2024 Pass |
| 12/10/2023 Pass | 11/10/2023 Pass | 10/11/2023 Pass | 09/11/2023 Pass | 08/12/2023 Pass | 07/13/2023 Pass |
| 06/13/2023 Pass | 05/14/2023 Pass |                 |                 |                 |                 |

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Speedway LLC.

Store# 6116

0.2 GPH Line Compliance Report

Facility ID# 006712

1640 E Washington St INDIANAPOLIS, IN

Last 12 Months - Reported 06/07/2024

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**- Kerosene -**

**Tank# 5 - Sensor# 4**

RD Method - ELLD

|                 |                 |                 |                 |                 |                 |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 05/26/2024 Pass | 05/20/2024 Pass | 04/20/2024 Pass | 03/23/2024 Pass | 02/24/2024 Pass | 01/25/2024 Pass |
| 12/26/2023 Pass | 11/26/2023 Pass | 10/27/2023 Pass | 09/27/2023 Pass | 09/01/2023 Pass | 08/21/2023 Pass |
| 07/31/2023 Pass | 07/10/2023 Pass | 06/11/2023 Pass | 05/15/2023 Pass |                 |                 |

**- Regular -**

**Tank# 7 - Sensor# 1**

RD Method - ELLD

|                 |                 |                 |                 |                 |                 |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 06/07/2024 Pass | 05/10/2024 Pass | 04/10/2024 Pass | 03/13/2024 Pass | 02/12/2024 Pass | 01/14/2024 Pass |
| 12/18/2023 Pass | 11/20/2023 Pass | 10/21/2023 Pass | 09/23/2023 Pass | 08/24/2023 Pass | 07/27/2023 Pass |
| 06/27/2023 Pass | 05/28/2023 Pass |                 |                 |                 |                 |

**- Premium -**

**Tank# 8 - Sensor# 2**

RD Method - ELLD

|                 |                 |                 |                 |                 |                 |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 06/03/2024 Pass | 05/04/2024 Pass | 04/04/2024 Pass | 03/05/2024 Pass | 02/04/2024 Pass | 01/05/2024 Pass |
| 12/06/2023 Pass | 11/06/2023 Pass | 10/07/2023 Pass | 09/07/2023 Pass | 08/08/2023 Pass | 07/09/2023 Pass |
| 06/09/2023 Pass | 05/10/2023 Pass |                 |                 |                 |                 |

**- Diesel -**

**Tank# 9 - Sensor# 3**

RD Method - ELLD

|                 |                 |                 |                 |                 |                 |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 06/05/2024 Pass | 05/06/2024 Pass | 04/06/2024 Pass | 03/09/2024 Pass | 02/09/2024 Pass | 01/11/2024 Pass |
| 12/12/2023 Pass | 11/12/2023 Pass | 10/15/2023 Pass | 09/17/2023 Pass | 08/20/2023 Pass | 07/23/2023 Pass |
| 06/23/2023 Pass | 05/24/2023 Pass |                 |                 |                 |                 |

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Speedway LLC.

Store# 6116

0.1 GPH Line Compliance Report

Facility ID# 006712

1640 E Washington St INDIANAPOLIS, IN

Last 12 Months - Reported 06/07/2024

---

**- Kerosene -**

**Tank# 5 - Sensor# 4**

RD Method - ELLD

05/20/2024 Pass      10/23/2023 Pass      04/22/2023 Pass

**- Regular -**

**Tank# 7 - Sensor# 1**

RD Method - ELLD

04/16/2024 Pass      10/15/2023 Pass      04/14/2023 Pass

**- Premium -**

**Tank# 8 - Sensor# 2**

RD Method - ELLD

03/29/2024 Pass      09/29/2023 Pass      03/29/2023 Pass

**- Diesel -**

**Tank# 9 - Sensor# 3**

RD Method - ELLD

03/31/2024 Pass      09/29/2023 Pass      09/29/2022 Pass

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Speedway LLC.

Store# 6116

Sump Sensor Compliance Report

Facility ID# 006712

1640 E Washington St INDIANAPOLIS, IN

Last 12 Months - Reported 06/07/2024

---

**- Regular -**

**Tank# 6 - Sensor# 1**

STP Sump Sensor

|                   |                   |                   |                   |                   |                   |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 06/07/2024 Normal | 05/08/2024 Normal | 04/08/2024 Normal | 03/09/2024 Normal | 02/14/2024 Normal | 01/15/2024 Normal |
| 12/16/2023 Normal | 11/16/2023 Normal | 10/17/2023 Normal | 09/17/2023 Normal | 08/18/2023 Normal | 07/19/2023 Normal |
| 06/19/2023 Normal | 05/20/2023 Normal |                   |                   |                   |                   |

**- Premium -**

**Tank# 8 - Sensor# 2**

STP Sump Sensor

|                   |                   |                   |                   |                   |                   |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 06/07/2024 Normal | 05/08/2024 Normal | 04/08/2024 Normal | 03/09/2024 Normal | 02/08/2024 Normal | 01/09/2024 Normal |
| 12/10/2023 Normal | 11/10/2023 Normal | 10/11/2023 Normal | 09/11/2023 Normal | 08/12/2023 Normal | 07/13/2023 Normal |
| 06/13/2023 Normal | 05/14/2023 Normal |                   |                   |                   |                   |

**- Diesel -**

**Tank# 9 - Sensor# 3**

STP Sump Sensor

|                   |                   |                   |                   |                   |                   |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 06/07/2024 Normal | 05/08/2024 Normal | 04/08/2024 Normal | 03/09/2024 Normal | 02/08/2024 Normal | 01/09/2024 Normal |
| 12/10/2023 Normal | 11/10/2023 Normal | 10/11/2023 Normal | 09/11/2023 Normal | 08/12/2023 Normal | 07/13/2023 Normal |
| 06/13/2023 Normal | 05/14/2023 Normal |                   |                   |                   |                   |

**- Kerosene -**

**Tank# 5 - Sensor# 4**

STP Sump Sensor

|                   |                   |                   |                   |                   |                   |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 06/07/2024 Normal | 05/08/2024 Normal | 04/08/2024 Normal | 03/09/2024 Normal | 02/08/2024 Normal | 01/09/2024 Normal |
| 12/10/2023 Normal | 11/10/2023 Normal | 10/11/2023 Normal | 09/11/2023 Normal | 08/12/2023 Normal | 07/13/2023 Normal |
| 06/13/2023 Normal | 05/14/2023 Normal |                   |                   |                   |                   |

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Speedway LLC.

Store# 6116

Dispenser Sensor Compliance Report

Facility ID# 006712

1640 E Washington St INDIANAPOLIS, IN

Last 12 Months - Reported 06/07/2024

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**DISPENSER 1-2 SUMP**

**Sensor# 5**

Dispenser Sump Sensor

|                   |                   |                   |                   |                   |                   |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 06/07/2024 Normal | 05/08/2024 Normal | 04/08/2024 Normal | 03/09/2024 Normal | 02/08/2024 Normal | 01/09/2024 Normal |
| 12/10/2023 Normal | 11/10/2023 Normal | 10/11/2023 Normal | 09/11/2023 Normal | 08/12/2023 Normal | 07/13/2023 Normal |
| 06/13/2023 Normal | 05/14/2023 Normal |                   |                   |                   |                   |

**DISPENSER 3-4 SUMP**

**Sensor# 6**

Dispenser Sump Sensor

|                   |                   |                   |                   |                   |                   |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 06/07/2024 Normal | 05/08/2024 Normal | 04/08/2024 Normal | 03/09/2024 Normal | 02/08/2024 Normal | 01/09/2024 Normal |
| 12/10/2023 Normal | 11/10/2023 Normal | 10/11/2023 Normal | 09/11/2023 Normal | 08/12/2023 Normal | 07/13/2023 Normal |
| 06/13/2023 Normal | 05/14/2023 Normal |                   |                   |                   |                   |

**DISPENSER 5-6 SUMP**

**Sensor# 7**

Dispenser Sump Sensor

|                   |                   |                   |                   |                   |                   |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 06/07/2024 Normal | 05/08/2024 Normal | 04/08/2024 Normal | 03/09/2024 Normal | 02/08/2024 Normal | 01/09/2024 Normal |
| 12/10/2023 Normal | 11/10/2023 Normal | 10/11/2023 Normal | 09/11/2023 Normal | 08/12/2023 Normal | 07/13/2023 Normal |
| 06/13/2023 Normal | 05/14/2023 Normal |                   |                   |                   |                   |

**DISPENSER 7-8 SUMP**

**Sensor# 8**

Dispenser Sump Sensor

|                   |                   |                   |                   |                   |                   |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 06/07/2024 Normal | 05/08/2024 Normal | 04/08/2024 Normal | 03/09/2024 Normal | 02/08/2024 Normal | 01/09/2024 Normal |
| 12/10/2023 Normal | 11/10/2023 Normal | 10/11/2023 Normal | 09/11/2023 Normal | 08/12/2023 Normal | 07/13/2023 Normal |
| 06/13/2023 Normal | 05/14/2023 Normal |                   |                   |                   |                   |

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

|                                         |                                |
|-----------------------------------------|--------------------------------|
| Facility Name: SSA 6116                 | Owner: Speedway,LLC            |
| Address: 1640 E Washington              | Address: 600 Speedway Dr       |
| City, State, Zip Code: Indianapolis, IN | City, State, Zip Code: Enon,OH |
| Facility I.D. #:                        | Phone #:                       |
| Testing Company: US Tank Alliance       | Phone #: (440) 238-7705        |
|                                         | Date: 9/21/23                  |

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                      | 5                                                                                                         |                                                                                                |                                                                                                |                                                                                                |                                                                                                |                                                                                                |
| Tank Volume, gallons             | 4150                                                                                                      |                                                                                                |                                                                                                |                                                                                                |                                                                                                |                                                                                                |
| Tank Diameter, inches            | 72                                                                                                        |                                                                                                |                                                                                                |                                                                                                |                                                                                                |                                                                                                |
| Overfill Prevention Device Brand | OPW                                                                                                       |                                                                                                |                                                                                                |                                                                                                |                                                                                                |                                                                                                |
| Type                             | <input checked="" type="checkbox"/> Automatic Shutoff Device<br><input type="checkbox"/> Ball Float Valve | <input type="checkbox"/> Automatic Shutoff Device<br><input type="checkbox"/> Ball Float Valve | <input type="checkbox"/> Automatic Shutoff Device<br><input type="checkbox"/> Ball Float Valve | <input type="checkbox"/> Automatic Shutoff Device<br><input type="checkbox"/> Ball Float Valve | <input type="checkbox"/> Automatic Shutoff Device<br><input type="checkbox"/> Ball Float Valve | <input type="checkbox"/> Automatic Shutoff Device<br><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<br><input checked="" type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><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 |
|---------------------|------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|

\* 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><br>No external overfill.<br><br>IN Cert# UC111521 PEI Certified                            |                                                             |                                                             |                                                             |                                                             |

Tester's Name Justin Stout

Tester's Signature

Date 9-21-2023


Site Name/number SSA 6116

City/State Indianapolis, IN

update 3/24/23 KP

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

|                                                                        |        |      |      |      |      |      |      |      |      |
|------------------------------------------------------------------------|--------|------|------|------|------|------|------|------|------|
| Tank number (from ATG)                                                 | 5      |      |      |      |      |      |      |      |      |
| Product                                                                | KER    |      |      |      |      |      |      |      |      |
| Drop tube Make/Model                                                   | OPW    |      |      |      |      |      |      |      |      |
| Actual Tank Capacity                                                   | 4150   |      |      |      |      |      |      |      |      |
| <b>OPW 7150</b>                                                        |        |      |      |      |      |      |      |      |      |
| Upper Tube Length (D)                                                  | 63.5   |      |      |      |      |      |      |      |      |
| Distance from the inlet tube flange to the bottom of cut (W)           | 119.25 |      |      |      |      |      |      |      |      |
| Distance from the inlet tube flange to the top of of cut (U)           | 119.25 |      |      |      |      |      |      |      |      |
| Distance from inlet tube flange to bottom of tank (B)                  | 124.25 |      |      |      |      |      |      |      |      |
| 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)                                              | 58.75  |      |      |      |      |      |      |      |      |
| Convert (X) to gallons                                                 | 3680   | gals | gals | gals | gals | gals | gals | gals | gals |
| (Y) tank capacity in gallons                                           | 4150   |      |      |      |      |      |      |      |      |
| Shut off percent (X)÷(Y)x100                                           | 88     |      |      |      |      |      |      |      |      |
| Inches off bottom (Top of cut to bottom of tank) more than 6" call in  | 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%)**

|                                                                           |  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| Tank number (from ATG)                                                    |  |  |  |  |  |  |  |  |
| Product                                                                   |  |  |  |  |  |  |  |  |
| Drop tube Make/Model                                                      |  |  |  |  |  |  |  |  |
| Actual Tank Capacity                                                      |  |  |  |  |  |  |  |  |
| <b>FRANKLIN FUELING Defender Series (EBW)</b>                             |  |  |  |  |  |  |  |  |
| A (drop tube seal surface to the bottom of tank)                          |  |  |  |  |  |  |  |  |
| Z (subtract upper drop tube flange to the edge of the upper tube adapter) |  |  |  |  |  |  |  |  |
| Subtract <b>A - Z =</b>                                                   |  |  |  |  |  |  |  |  |
| subtract <b>4.50"</b> (equals final shutoff volume height)                |  |  |  |  |  |  |  |  |
| equals (final shutoff volume height)                                      |  |  |  |  |  |  |  |  |
| Locate final shutoff volume on tank chart                                 |  |  |  |  |  |  |  |  |
| divide by actual tank capacity                                            |  |  |  |  |  |  |  |  |
| multiply by <b>100</b> (equals final shutoff volume percentage)           |  |  |  |  |  |  |  |  |
| Inches off bottom (Top of cut to bottom of tank) more than 6" call in     |  |  |  |  |  |  |  |  |

**Overfill Equipment Check Worksheet (Ball Floats 90%)**

|                                               |       |       |       |       |       |       |       |       |
|-----------------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|
| Tank number (from ATG)                        |       |       |       |       |       |       |       |       |
| Product                                       |       |       |       |       |       |       |       |       |
| Actual tank capacity off tank chart (Gallons) |       |       |       |       |       |       |       |       |
| Calculate 90% of actual tank capacity         | x .90 | x .90 | x .90 | x .90 | x .90 | x .90 | x .90 | x .90 |
| 90% tank capacity (gallons)                   |       |       |       |       |       |       |       |       |

|                                                                              |  |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| (A) Actual tank diameter (inches) on tank chart                              |  |  |  |  |  |  |  |  |
| (B) 90% volume inch reading on tank chart                                    |  |  |  |  |  |  |  |  |
| (C) Calculated -top of tank to ball float shut off Subtract (B) from (A)     |  |  |  |  |  |  |  |  |
| (D) Field measurement -top of tank to ball float shut off                    |  |  |  |  |  |  |  |  |
| Is field measurement (D) same or greater than calculated (C)? Y=Pass, N=Fail |  |  |  |  |  |  |  |  |



**Speedway LLC.**

**Store# 6116 / 43768**

**Work Order# 001106712136 (T00002546358)**

1640 E Washington St. INDIANAPOLIS, IN

Printed: 06/07/2024

**Technicians**

WO Assigned: (006H) Vogel, John 502-803-5686 ( Manager: Gray 317-416-0855 )

Store Assigned: (00J7) Wilmoth, Larry 765-516-5192

**Work Order Date: 06/13/2023 13:46**

**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 fill adapter is seized and the drop tube measured in tank at 98%. Please make sure adapter and drop tube can be removed and drop tube is set no higher than 95% and no more than 6" off bottom of tank.*

**Verified: 08/15/2023 11:33 By: derek**

Vendor: Rcm Corp

Notes/Comment:

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Speedway LLC.

Store# 6116 / 43768

Work Order# 001106712136 (T00002546358)

1640 E Washington St. INDIANAPOLIS, IN

Printed: 06/07/2024

**Invoice 31012**

**Rcm Corp**

Date: 08/15/2023

Vendor#: 907601

Invoice Amount: \$725.95

AFE#: NONE

Gross Amount NonTax: \$725.95

Total Tax: \$.00

1099 Reportable: \$365.96

Work Description: Remove seized K-1 fill adapter. Replace K-1 drop tube (used).

**Capital Assets**

There are NO Capital Assets listed for this work order.

**Parts**

| Name/ID | Description      | Count | Cost     | Total    |
|---------|------------------|-------|----------|----------|
| -       | K-1 fill adapter | 1     | \$359.99 | \$359.99 |
|         |                  |       | (%) Tax: |          |
|         |                  |       | Total:   |          |

**Labor**

| Personnel | Notes | Hours | Rate     | Total    |
|-----------|-------|-------|----------|----------|
| Man       | -     | 6     | \$57.50  | \$345.00 |
|           |       |       | (%) Tax: |          |
|           |       |       | Total:   |          |

**Travel**

| Type    | Notes | Units | Rate     | Total   |
|---------|-------|-------|----------|---------|
| Mileage | -     | 32    | \$.66    | \$20.96 |
|         |       |       | (%) 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:     | \$ .00   |
| Vendor Invoice Total: | \$725.95 |
| Grand Total:          | \$725.95 |



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

|                                               |                                |
|-----------------------------------------------|--------------------------------|
| Facility Name: SSA 6116                       | Owner: Speedway,LLC            |
| Address: 1640 E Washington                    | Address: 600 Speedway Dr       |
| City, State, Zip Code: Indianapolis, IN 46201 | City, State, Zip Code: Enon,OH |
| Facility I.D. #:                              | Phone #:                       |
| Testing Company: US Tank Alliance             | Phone #: (440) 238-7705        |
|                                               | Date: 6/13/23                  |

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

| Product Grade                    | RUL A                                                                                                     | RUL B                                                                                                     | PUL                                                                                                       | DSL                                                                                                       | KER                                                                                                       |                                                                                                |
|----------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Tank Number                      | 1                                                                                                         | 2                                                                                                         | 3                                                                                                         | 4                                                                                                         | 5                                                                                                         |                                                                                                |
| Tank Volume, gallons             | 9816                                                                                                      | 9816                                                                                                      | 9816                                                                                                      | 9816                                                                                                      | 4150                                                                                                      |                                                                                                |
| Tank Diameter, inches            | 92                                                                                                        | 92                                                                                                        | 92                                                                                                        | 92                                                                                                        | 72                                                                                                        |                                                                                                |
| Overfill Prevention Device Brand | OPW                                                                                                       | OPW                                                                                                       | OPW                                                                                                       | OPW                                                                                                       | OPW                                                                                                       |                                                                                                |
| Type                             | <input checked="" type="checkbox"/> Automatic Shutoff Device<br><input type="checkbox"/> Ball Float Valve | <input checked="" type="checkbox"/> Automatic Shutoff Device<br><input type="checkbox"/> Ball Float Valve | <input checked="" type="checkbox"/> Automatic Shutoff Device<br><input type="checkbox"/> Ball Float Valve | <input checked="" type="checkbox"/> Automatic Shutoff Device<br><input type="checkbox"/> Ball Float Valve | <input checked="" type="checkbox"/> Automatic Shutoff Device<br><input type="checkbox"/> Ball Float Valve | <input type="checkbox"/> Automatic Shutoff Device<br><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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                         | <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                         | <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                         | <input type="checkbox"/> Yes <input checked="" 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<br><input checked="" type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                         | <input type="checkbox"/> Yes <input checked="" 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 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 |
|---------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|

\* 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><br>No external overfill.<br><br>IN Cert# UC111521 PEI Certified                            |                                                             |                                                             |                                                             |                                                             |

Tester's Name Justin Stout

Tester's Signature

Date 6-13-2023Site Name/number SSA 6116City/State Indianapolis, IN

update 3/24/23 KP

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

| Tank number (from ATG)                                                 | 1     | 2      | 3      | 4     | 5      |      |      |      |
|------------------------------------------------------------------------|-------|--------|--------|-------|--------|------|------|------|
| Product                                                                | RUL A | RUL B  | PUL    | DSL   | KER    |      |      |      |
| Drop tube Make/Model                                                   | OPW   | OPW    | OPW    | OPW   | OPW    |      |      |      |
| Actual Tank Capacity                                                   | 9816  | 9816   | 9816   | 9816  | 4150   |      |      |      |
| <b>OPW 7150</b>                                                        |       |        |        |       |        |      |      |      |
| Upper Tube Length (D)                                                  | 60    | 60.25  | 60     | 58.75 | 54     |      |      |      |
| Distance from the inlet tube flange to the bottom of cut (W)           | 137   | 134.75 | 135.5  | 135   | 123.25 |      |      |      |
| Distance from the inlet tube flange to the top of of cut (U)           | 137   | 134.75 | 135.5  | 135   | 123.25 |      |      |      |
| Distance from inlet tube flange to bottom of tank (B)                  | 142   | 140.25 | 140.75 | 140   | 124.25 |      |      |      |
| 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)                                              | 80    | 78     | 78.75  | 79.25 | 68.25  |      |      |      |
| Convert (X) to gallons                                                 | 9192  | 9013   | 9082   | 9127  | 4092   | gals | gals | gals |
| (Y) tank capacity in gallons                                           | 9816  | 9816   | 9816   | 9816  | 4150   |      |      |      |
| Shut off percent (X)÷(Y)x100                                           | 94    | 92     | 92     | 93    | 98     |      |      |      |
| Inches off bottom (Top of cut to bottom of tank) more than 6" call in  | 5     | 5.5    | 5.25   | 5     | 1      |      |      |      |
| <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 |
| using tank chart multiply total tank capacity by 95%                   | 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# 6116 / 43768**

**Work Order# 001106497966 (T00002357320)**

1640 E Washington St. INDIANAPOLIS, IN

Printed: 06/07/2024

**Technicians**

WO Assigned: (005C) Spegal, Justin 317-385-5930 ( Manager: Kleinen 937-206-1887 )

Store Assigned: (00J7) Wilmoth, Larry 765-516-5192

**Work Order Date: 02/21/2023 17:30**

**Priority: Emergency      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: 174565

**Work Order Description**

*The RUL-2 & PUL-3 fill adapters are seized so unable to pull the drop tube and check if the overfill device is functioning properly. The RUL-1 vapor adapter is seized so unable to check for a ball float. The RUL-2 & the PUL-3 drop tubes are seized so unable to remove them for testing. The RUL-1 drop tube is 14" off the bottom of the tank, the RUL-2 is 15.5", the PUL-3 is 12.5", DSL-4 is 19" and the KER-5 is 8.5". The DSL-4 drop tube is set for 97.7% shut off. The RUL-2, PUL-3 fill adapters need to be fixed so they are removable to access the drop tube and please make sure the drop tube can be removed for testing as well. The RUL-1 vapor adapter needs to be fixed so it is removable and check the riser for a ball float and remove if present. The RUL-2 & PUL-3 drop tubes need to be fixed so they are removable for testing. The RUL-1, RUL-2, PUL-3 need to be fixed so they are no more than 6" off the bottom of the tank. The DSL-4 drop tube needs to be fixed so it is set for no more than 95% shut off.*

**Verified: 03/02/2023 15:30 By: Justin**

Vendor: Rcm Corp

Notes/Comment:

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Speedway LLC.

Store# 6116 / 43768

Work Order# 001106497966 (T00002357320)

1640 E Washington St. INDIANAPOLIS, IN

Printed: 06/07/2024

**Invoice 30626**

**Rcm Corp**

Date: 03/02/2023

Vendor#: 907601

Invoice Amount: \$7,300.00

AFE#: 174565

Gross Amount NonTax: \$7,300.00

Total Tax: \$.00

1099 Reportable: \$7,300.00

Work Description: AS PER QUOTE: Remove seized fill adapters and seized vapor adapter. Replace 4 drop tubes, 2 fill caps. Raise up 2 fill risers. Parts used: 2 fill adapters, 1 vapor adapter, 4 71SO-400C drop tubes, 2 fill caps, 2 riser rings

**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     | \$7,300.00 | \$7,300.00 |
|              |       |       | (%) 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: \$0.00

Vendor Invoice Total: \$7,300.00

Grand Total: \$7,300.00

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

|                                         |                                 |               |
|-----------------------------------------|---------------------------------|---------------|
| Facility Name: Speedway #6116           | Owner: Speedway, LLC            |               |
| Address: 1640 E Washington              | Address: 600 Speedway Dr        |               |
| City, State, Zip Code: Indianapolis, IN | City, State, Zip Code: Enon, OH |               |
| Facility I.D. #:                        | Phone #:                        |               |
| Testing Company: US Tank Alliance       | Phone #: (440) 238-7705         | Date: 2/21/23 |

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

| Product Grade                    | RUL A                                                                                                     | RUL B                                                                                                     | PUL                                                                                                       | DSL                                                                                                       | K-1                                                                                                       |                                                                                                |
|----------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Tank Number                      | 1                                                                                                         | 2                                                                                                         | 3                                                                                                         | 4                                                                                                         | 5                                                                                                         |                                                                                                |
| Tank Volume, gallons             | 9816                                                                                                      | 9816                                                                                                      | 9816                                                                                                      | 9816                                                                                                      | 4150                                                                                                      |                                                                                                |
| Tank Diameter, inches            | 91                                                                                                        | 91                                                                                                        | 91                                                                                                        | 91                                                                                                        | 72                                                                                                        |                                                                                                |
| Overfill Prevention Device Brand | OPW                                                                                                       | OPW                                                                                                       | OPW                                                                                                       | OPW                                                                                                       | OPW                                                                                                       |                                                                                                |
| Type                             | <input checked="" type="checkbox"/> Automatic Shutoff Device<br><input type="checkbox"/> Ball Float Valve | <input checked="" type="checkbox"/> Automatic Shutoff Device<br><input type="checkbox"/> Ball Float Valve | <input checked="" type="checkbox"/> Automatic Shutoff Device<br><input type="checkbox"/> Ball Float Valve | <input checked="" type="checkbox"/> Automatic Shutoff Device<br><input type="checkbox"/> Ball Float Valve | <input checked="" type="checkbox"/> Automatic Shutoff Device<br><input type="checkbox"/> Ball Float Valve | <input type="checkbox"/> Automatic Shutoff Device<br><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 checked="" type="checkbox"/> No                                         | <input type="checkbox"/> Yes <input checked="" 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                                         |
| 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 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                                         |
| 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 checked="" type="checkbox"/> No                                         | <input type="checkbox"/> Yes <input checked="" 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                                         |
| 4. Bypass valve in the drop tube is open and free of blockage (if present)? | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Not Present | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><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 checked="" type="checkbox"/> No                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                         | <input checked="" 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 checked="" type="checkbox"/> Fail | <input type="checkbox"/> Pass <input checked="" 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 type="checkbox"/> Fail |
|---------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|

\* 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><br>No external overfill                                                                    |                                                             |                                                             |                                                             |                                                             |

Tester's Name Willie Crabtree

Tester's Signature 



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: Speedway 6116                  | Owner: Speedway, LLC                  |
| Address: 1640 East Washington                 | Address: 600 Speedway Drive           |
| City, State, Zip Code: Indianapolis, IN 46201 | City, State, Zip Code: Enon, OH 45323 |
| Facility I.D. #: 006712 Marion County         | Phone #: 937-864-3000                 |
| Testing Company: US Tank Alliance, Inc.       | Phone #: 440-238-7705 Date: 3-17-2024 |

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                                                                                                                                                                     | T2                                                                                                                                                                     | T3                                                                                                                                                                     | T4                                                                                                                                                                     | T5                                                                                                                                                                     |                                                                                                                                                             |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Product Stored                                                                             | RUL-a                                                                                                                                                                  | RUL-b                                                                                                                                                                  | PUL                                                                                                                                                                    | DSL                                                                                                                                                                    | KERO                                                                                                                                                                   |                                                                                                                                                             |
| Spill Bucket Capacity                                                                      | 5 gal                                                                                                                                                                  | 5 gal                                                                                                                                                                  | 5 gal                                                                                                                                                                  | 5 gal                                                                                                                                                                  | 5 gal                                                                                                                                                                  |                                                                                                                                                             |
| Manufacturer                                                                               | OPW                                                                                                                                                                    | OPW                                                                                                                                                                    | OPW                                                                                                                                                                    | OPW                                                                                                                                                                    | OPW                                                                                                                                                                    |                                                                                                                                                             |
| Construction                                                                               | <input checked="" type="checkbox"/> Single-walled<br><input type="checkbox"/> Double-walled                                                                            | <input checked="" type="checkbox"/> Single-walled<br><input type="checkbox"/> Double-walled                                                                            | <input checked="" type="checkbox"/> Single-walled<br><input type="checkbox"/> Double-walled                                                                            | <input checked="" type="checkbox"/> Single-walled<br><input type="checkbox"/> Double-walled                                                                            | <input checked="" type="checkbox"/> Single-walled<br><input type="checkbox"/> Double-walled                                                                            | <input type="checkbox"/> Single-walled<br><input type="checkbox"/> Double-walled                                                                            |
| Test Type                                                                                  | <input checked="" type="checkbox"/> Hydrostatic<br><input type="checkbox"/> Vacuum<br><input type="checkbox"/> Single-walled<br><input type="checkbox"/> Double-walled | <input checked="" type="checkbox"/> Hydrostatic<br><input type="checkbox"/> Vacuum<br><input type="checkbox"/> Single-walled<br><input type="checkbox"/> Double-walled | <input checked="" type="checkbox"/> Hydrostatic<br><input type="checkbox"/> Vacuum<br><input type="checkbox"/> Single-walled<br><input type="checkbox"/> Double-walled | <input checked="" type="checkbox"/> Hydrostatic<br><input type="checkbox"/> Vacuum<br><input type="checkbox"/> Single-walled<br><input type="checkbox"/> Double-walled | <input checked="" type="checkbox"/> Hydrostatic<br><input type="checkbox"/> Vacuum<br><input type="checkbox"/> Single-walled<br><input type="checkbox"/> Double-walled | <input type="checkbox"/> Hydrostatic<br><input type="checkbox"/> Vacuum<br><input type="checkbox"/> Single-walled<br><input type="checkbox"/> Double-walled |
| Spill Bucket Type                                                                          | <input checked="" type="checkbox"/> Product<br><input type="checkbox"/> Vapor                                                                                          | <input checked="" type="checkbox"/> Product<br><input type="checkbox"/> Vapor                                                                                          | <input checked="" type="checkbox"/> Product<br><input type="checkbox"/> Vapor                                                                                          | <input checked="" type="checkbox"/> Product<br><input type="checkbox"/> Vapor                                                                                          | <input checked="" type="checkbox"/> Product<br><input type="checkbox"/> Vapor                                                                                          | <input type="checkbox"/> Product<br><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 checked="" 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 checked="" 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<br><input type="checkbox"/> NA                                                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA                                                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA                                                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA                                                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA                                                                     |
| Is drain valve included in test?                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> NA                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> NA                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> NA                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> NA                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> NA                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA                                                                     |
| Starting Level                                                                             | 11"                                                                                                                                                                    | 8"                                                                                                                                                                     | 11"                                                                                                                                                                    | 10"                                                                                                                                                                    | 10"                                                                                                                                                                    |                                                                                                                                                             |
| Test Start Time                                                                            | 10:30 am                                                                                                                                                               | 10:35 am                                                                                                                                                               | 10:40 am                                                                                                                                                               | 10:45 am                                                                                                                                                               | 10:50 am                                                                                                                                                               |                                                                                                                                                             |
| Ending Level                                                                               | 11"                                                                                                                                                                    | 8"                                                                                                                                                                     | 11"                                                                                                                                                                    | 10"                                                                                                                                                                    | 10"                                                                                                                                                                    |                                                                                                                                                             |
| Test End Time                                                                              | 11:30 am                                                                                                                                                               | 11:35 am                                                                                                                                                               | 11:40 am                                                                                                                                                               | 11:45 am                                                                                                                                                               | 11:50 am                                                                                                                                                               |                                                                                                                                                             |
| Test Period                                                                                | 1 hr                                                                                                                                                                   | 1 hr                                                                                                                                                                   | 1 hr                                                                                                                                                                   | 1 hr                                                                                                                                                                   | 1 hr                                                                                                                                                                   |                                                                                                                                                             |
| Level Change                                                                               | 0"                                                                                                                                                                     | 0"                                                                                                                                                                     | 0"                                                                                                                                                                     | 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 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 |
|---------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|

**Comments:**

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

Tester's Name Justin Stout Cert# IN: UC111521

Tester's Signature



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

**AUTOMATIC TANK GAUGE  
OPERATION INSPECTION**

|                                         |                                 |               |  |
|-----------------------------------------|---------------------------------|---------------|--|
| Facility Name: Speedway #6116           | Owner: Speedway, LLC            |               |  |
| Address: 1640 E Washington              | Address: 600 Speedway Dr        |               |  |
| City, State, Zip Code: Indianapolis, IN | City, State, Zip Code: Enon, OH |               |  |
| Facility I.D. #:                        | Phone #:                        |               |  |
| Testing Company: US Tank Alliance       | Phone #: (614) 923-0154         | Date: 2/13/24 |  |

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 A                                                               | RUL B                                                               | PUL                                                                 | DSL                                                                 |
| ATG Brand and Model                                                                                         | TLS 350                                                             | TLS 350                                                             | TLS 350                                                             | TLS 350                                                             |
| 1. Tank Volume, gallons                                                                                     | 9816                                                                | 9816                                                                | 9816                                                                | 9816                                                                |
| 2. Tank Diameter, inches                                                                                    | 91                                                                  | 91                                                                  | 91                                                                  | 91                                                                  |
| 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.                                              | 75                                                                  | 75                                                                  | 75                                                                  | 75                                                                  |
| 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 # UC20098339 PEI Certified

TECH NAME: Tony Walters      TECH SIGNATURE: Anthony Walters





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

**AUTOMATIC TANK GAUGE  
OPERATION INSPECTION**

|                                         |                                 |               |  |
|-----------------------------------------|---------------------------------|---------------|--|
| Facility Name: Speedway #6116           | Owner: Speedway, LLC            |               |  |
| Address: 1640 E Washington              | Address: 600 Speedway Dr        |               |  |
| City, State, Zip Code: Indianapolis, IN | City, State, Zip Code: Enon, OH |               |  |
| Facility I.D. #:                        | Phone #:                        |               |  |
| Testing Company: US Tank Alliance       | Phone #: (614) 923-0154         | Date: 2/13/24 |  |

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                                                                                                 | 5                                                                   |                                                          |                                                          |                                                          |
| Product Stored                                                                                              | K-1                                                                 |                                                          |                                                          |                                                          |
| ATG Brand and Model                                                                                         | TLS 350                                                             |                                                          |                                                          |                                                          |
| 1. Tank Volume, gallons                                                                                     | 4150                                                                |                                                          |                                                          |                                                          |
| 2. Tank Diameter, inches                                                                                    | 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 type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input 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 type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input 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 type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input 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 type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Inch level from bottom of stem when 90% alarm is triggered.                                              | 60 1/2                                                              |                                                          |                                                          |                                                          |
| 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 type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Inch level from the bottom when the water float first triggers an alarm.                                 | 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 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, or 6 are "No," the system has failed the test.

|                     |                                                                        |                                                             |                                                             |                                                             |
|---------------------|------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| <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 |
|---------------------|------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|

COMMENTS: IN Cert # UC20098339 PEI Certified

TECH NAME: Tony Walters      TECH SIGNATURE: *Anthony Walters*







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

**LIQUID SENSOR FUNCTIONALITY TESTING**

|                                        |                                |               |
|----------------------------------------|--------------------------------|---------------|
| Facility Name: Speedway #6116          | Owner: Speedway,LLC            |               |
| Address: 1640 E Washington             | Address: 600 Speedway Dr       |               |
| City, State, Zip Code: Indianapolis,IN | City, State, Zip Code: Enon,OH |               |
| Facility I.D. #:                       | Phone #:                       |               |
| Testing Company: US Tank Alliance      | Phone #: (440) 238-7705        | Date: 2-13-24 |

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 208                                                                                        | L2-STP 208                                                                                        | L3-STP 208                                                                                        | L4-STP 208                                                                                        | L5-1/2 208                                                                                        | L6-3/4 208                                                                                        | L7-5/6 208                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Product Stored                                                                                                                                             | RUL                                                                                               | PUL                                                                                               | DSL                                                                                               | K-1                                                                                               | RUL/PUL                                                                                           | RUL/PUL/DSL                                                                                       | RUL/PUL                                                                                           |
| Type of Sensor                                                                                                                                             | <input type="checkbox"/> Discriminating<br><input checked="" type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating<br><input checked="" type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating<br><input checked="" type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating<br><input checked="" type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating<br><input checked="" type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating<br><input checked="" type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating<br><input checked="" type="checkbox"/> Non-discriminating |
| Test Liquid                                                                                                                                                | <input checked="" type="checkbox"/> Water<br><input type="checkbox"/> Product                     | <input checked="" type="checkbox"/> Water<br><input type="checkbox"/> Product                     | <input checked="" type="checkbox"/> Water<br><input type="checkbox"/> Product                     | <input checked="" type="checkbox"/> Water<br><input type="checkbox"/> Product                     | <input checked="" type="checkbox"/> Water<br><input type="checkbox"/> Product                     | <input checked="" type="checkbox"/> Water<br><input type="checkbox"/> Product                     | <input checked="" type="checkbox"/> Water<br><input 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                               | <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                               | <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                               | <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                               | <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                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                               |

Any "No" answers indicates the sensor fails 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 | <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 # UC20098339 PEI Certified

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



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

**LIQUID SENSOR FUNCTIONALITY TESTING**

|                                        |                                |               |
|----------------------------------------|--------------------------------|---------------|
| Facility Name: Speedway #6116          | Owner: Speedway,LLC            |               |
| Address: 1640 E Washington             | Address: 600 Speedway Dr       |               |
| City, State, Zip Code: Indianapolis,IN | City, State, Zip Code: Enon,OH |               |
| Facility I.D. #:                       | Phone #:                       |               |
| Testing Company: US Tank Alliance      | Phone #: (440) 238-7705        | Date: 2-13-24 |

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                                                                                                                                            | L8-7/8 208                                                                                        |                                                                                        |                                                                                        |                                                                                        |                                                                                        |                                                                                        |                                                                                        |
| Product Stored                                                                                                                                             | RUL/PUL/DSL                                                                                       |                                                                                        |                                                                                        |                                                                                        |                                                                                        |                                                                                        |                                                                                        |
| Type of Sensor                                                                                                                                             | <input type="checkbox"/> Discriminating<br><input checked="" type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating<br><input type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating<br><input type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating<br><input type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating<br><input type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating<br><input type="checkbox"/> Non-discriminating | <input type="checkbox"/> Discriminating<br><input type="checkbox"/> Non-discriminating |
| Test Liquid                                                                                                                                                | <input checked="" type="checkbox"/> Water<br><input type="checkbox"/> Product                     | <input type="checkbox"/> Water<br><input type="checkbox"/> Product                     | <input type="checkbox"/> Water<br><input type="checkbox"/> Product                     | <input type="checkbox"/> Water<br><input type="checkbox"/> Product                     | <input type="checkbox"/> Water<br><input type="checkbox"/> Product                     | <input type="checkbox"/> Water<br><input type="checkbox"/> Product                     | <input type="checkbox"/> Water<br><input 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 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                               |
| Is the sensor alarm circuit operational?                                                                                                                   | <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                               | <input 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 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                               |
| When placed in the test liquid, does the sensor trigger an alarm?                                                                                          | <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                               | <input 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 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                               |

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

|                     |                                                                        |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |
|---------------------|------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| <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 | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
|---------------------|------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|

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

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



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

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

|                                         |                                 |               |  |  |  |
|-----------------------------------------|---------------------------------|---------------|--|--|--|
| Facility Name: Speedway #6116           | Owner: Speedway, LLC            |               |  |  |  |
| Address: 1640 E Washington              | Address: 600 Speedway           |               |  |  |  |
| City, State, Zip Code: Indianapolis, IN | City, State, Zip Code: Enon, OH |               |  |  |  |
| Facility I.D. #:                        | Phone #:                        |               |  |  |  |
| Testing Company: US Tank Alliance       | Phone #: (440) 238-7705         | Date: 2-13-24 |  |  |  |

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                                                                         | 4                                                                         |                                                                |                                                                |
|----------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
| Product Stored             | RUL                                                                       | PUL                                                                       | DSL                                                                       | K-1                                                                       |                                                                |                                                                |
| Leak Detector Manufacturer | Veeder Root                                                               | Veeder Root                                                               | Veeder Root                                                               | Veeder Root                                                               |                                                                |                                                                |
| Leak Detector Model        | Elect                                                                     | Elect                                                                     | Elect                                                                     | Elect                                                                     |                                                                |                                                                |
| Type of Leak Detector      | <input type="checkbox"/> MLLD<br><input checked="" type="checkbox"/> ELLD | <input type="checkbox"/> MLLD<br><input checked="" type="checkbox"/> ELLD | <input type="checkbox"/> MLLD<br><input checked="" type="checkbox"/> ELLD | <input type="checkbox"/> MLLD<br><input checked="" type="checkbox"/> ELLD | <input type="checkbox"/> MLLD<br><input type="checkbox"/> ELLD | <input type="checkbox"/> MLLD<br><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                                                                                                 | 27                                                                                                 | 28                                                                                                 | 26                                                                                                 |                                                                                         |                                                                                         |
| How many test cycles are observed before alarm/shutdown occurs?        | 2                                                                                                  | 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 checked="" 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<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><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 checked="" 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 # UC20098339 PEI Certified

Tester's Name (print) Tony Walters

Tester's Signature

*Anthony Walters*





Site Name: SpeedwaySite Number: 6116Date: 2-13-24

- 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 & 9Any suction lines?  \*YES  NO      Product: \_\_\_\_\_  \*VUP  \*VATIf 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: Speedway #6116          | Owner Speedway,LLC             |
| Address: 1640 E Washington             | Address 600 Speedway Dr        |
| City, State, Zip Code: Indianapolis,IN | City, State, Zip Code: Enon,OH |
| Facility I.D. #:                       | Phone #:                       |
| Testing Company: US Tank Alliance      | Phone #: Test Date: 2-13-24    |

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

| Product Grade                                                                                             | RUL                                                                                                | RUL                                                                                                | RUL                                                                                                | RUL                                                                                                | PUL                                                                                                | PUL                                                                                                | PUL                                                                                                | PUL                                                                                                | DSL                                                                                                |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Dispenser ID#                                                                                             | 1/2                                                                                                | 3/4                                                                                                | 5/6                                                                                                | 7/8                                                                                                | 1/2                                                                                                | 3/4                                                                                                | 5/6                                                                                                | 7/8                                                                                                | 3/4                                                                                                |
| Shear Valve Type (Product/Vapor)                                                                          | Product                                                                                            | Product                                                                                            | Product                                                                                            | Product                                                                                            | Product                                                                                            | Product                                                                                            | 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 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                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                |
| 2. Is the shear section positioned between ½ 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 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                                |
| 3. Is the lever arm free to move?                                                                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA |
| 4. Does the lever arm snap shut the poppet valve?                                                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><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<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> NA |

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

|                     |                                                                           |                                                                           |                                                                           |                                                                           |                                                                           |                                                                           |                                                                           |                                                                           |                                                                           |
|---------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>Test Results</b> | <input checked="" type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass<br><input type="checkbox"/> Fail |
|---------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|

**Comments:**

IN Cert # UC20098339 PEI Certified

Tester's Name (print) Tony Walters

Tester's Signature

*Anthony Walters*



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

**SHEAR VALVE OPERATION INSPECTION**

|                                        |                                |
|----------------------------------------|--------------------------------|
| Facility Name: Speedway #6116          | Owner Speedway,LLC             |
| Address: 1640 E Washington             | Address 600 Speedway Dr        |
| City, State, Zip Code: Indianapolis,IN | City, State, Zip Code: Enon,OH |
| Facility I.D. #:                       | Phone #:                       |
| Testing Company: US Tank Alliance      | Phone #: Test Date: 2-13-24    |

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

|                                                                                                           |                                                                                                    |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                                                                                         |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Product Grade                                                                                             | DSL                                                                                                |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                                                                                         |
| Dispenser ID#                                                                                             | 7/8                                                                                                |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                                                                                         |
| Shear Valve Type (Product/Vapor)                                                                          | 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 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                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                |
| 2. Is the shear section positioned between ½ inch above or below the top surface of the dispenser island? | <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                                | <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<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA |
| 4. Does the lever arm snap shut the poppet valve?                                                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><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<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> NA |

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

|                     |                                                                           |                                                                |                                                                |                                                                |                                                                |                                                                |                                                                |                                                                |                                                                |
|---------------------|---------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
| <b>Test Results</b> | <input checked="" type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail | <input type="checkbox"/> Pass<br><input type="checkbox"/> Fail |
|---------------------|---------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|

**Comments:**

IN Cert # UC20098339 PEI Certified

Tester's Name (print) Tony Walters

Tester's Signature

*Anthony Walters*



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

**EMERGENCY STOP SWITCH  
OPERATION INSPECTION**

|                                        |                                |               |
|----------------------------------------|--------------------------------|---------------|
| Facility Name: Speedway #6116          | Owner: Speedway,LLC            |               |
| Address: 1640 E Washington             | Address: 600 Speedway Dr       |               |
| City, State, Zip Code: Indianapolis,IN | City, State, Zip Code: Enon,OH |               |
| Facility I.D. #:                       | Phone #:                       |               |
| Testing Company: US Tank Alliance      | Phone #: (440) 238-7705        | Date: 2-13-24 |

This procedure is to verify the operation of all emergency stop switches/buttons (E-stops). Each E-stop must disconnect power to dispensers, submersible turbine pumps (STPs) and all non-intrinsically safe electrical equipment in classified areas. Test each E-stop separately. See PEI/RP1200 Section 11 for the inspection procedure.

|                                                                                                                    |                                                                     |                                                          |                                                          |                                                          |                                                          |                                                          |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| E-stop Number or ID                                                                                                | 1                                                                   |                                                          |                                                          |                                                          |                                                          |                                                          |
| Location                                                                                                           | By Counter                                                          |                                                          |                                                          |                                                          |                                                          |                                                          |
| 1. E-stops labeled and located where easily accessible?                                                            | <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. System fully powered and in normal operating condition?                                                         | <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. After activating E-stop, power disconnected from:                                                               |                                                                     |                                                          |                                                          |                                                          |                                                          |                                                          |
| 3a. All dispensing devices on all islands?                                                                         | <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 |
| 3b. All STPs for all fuel grades?                                                                                  | <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 |
| 3c. All power, control and signal circuits associated with the dispensing devices and the STPs?                    | <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 |
| 3d. All other non-intrinsically safe electrical equipment in classified areas surrounding fuel dispensing devices? | <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. All intrinsically safe electrical equipment remains energized after E-stop activation?                          | <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 |
| 5. After testing, E-stop has been reset and power reestablished to normal operating condition?                     | <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 lines 3a-3d 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 |
|---------------------|------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|

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

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

# USTNKALLIANCE - Indiana

**7-ELEVEN, INC**

43768/6116

1640 EAST WASHINGTON ST

INDIANAPOLIS, IN 46201-3851

State ID: 6712



| Inspection Date | Completed Date | Inspected By | Pending Review Date | Reviewed By |
|-----------------|----------------|--------------|---------------------|-------------|
| 5/20/2024       | 5/20/2024      | Ryan Green   | -                   | -           |

| 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?<br>(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)<br>(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      | 3                | 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?                                                           | Yes      |         | PASS      | 0                | N/A      |
| If Sensor is present in Vent box, sitting on the bottom?                                                | Yes      |         | 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**

43768/6116

1640 EAST WASHINGTON ST

INDIANAPOLIS, IN 46201-3851

State ID: 6712



| Inspection Date | Completed Date | Inspected By   | Pending Review Date | Reviewed By |
|-----------------|----------------|----------------|---------------------|-------------|
| 4/1/2024        | 4/1/2024       | 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?<br>(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)<br>(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      | 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?                                                              | No       | No Liquid Wastedrum Onsite | FAIL      | 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?                                                                    | No       | RUL Lid Needs Replaced     | FAIL      | 1                | 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                                         | Yes      | Tankpad Painting Needed    | FAIL      | 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. | 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 | NA       |         | PASS      | 0                | N/A      |
| Is a drum for solids present?                                                             | No       |         | N/A       | 0                | N/A      |
| Is the solid drum in good condition?                                                      | N/A      |         | N/A       | 0                | N/A      |
| Is the solids drum 75% full?                                                              | N/A      |         | N/A       | 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? | No       |         | FAIL      | 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**

43768/6116

1640 EAST WASHINGTON ST

INDIANAPOLIS, IN 46201-3851

State ID: 6712



| Inspection Date | Completed Date | Inspected By   | Pending Review Date | Reviewed By |
|-----------------|----------------|----------------|---------------------|-------------|
| 3/1/2024        | 3/1/2024       | 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?<br>(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)<br>(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      | Overfill Alarm | 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?                                                              | No       | No Liquid Wastedrum Onsite          | FAIL      | 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                               | No       | Ru1 Spill Bucket Lid Needs Replaced | FAIL      | 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. | 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?                                                             | No       |         | N/A       | 0                | N/A      |
| Is the solid drum in good condition?                                                      | N/A      |         | N/A       | 0                | N/A      |
| Is the solids drum 75% full?                                                              | N/A      |         | N/A       | 0                | N/A      |
| Is a drum for liquids present?                                                            | No       |         | N/A       | 0                | N/A      |
| Is the liquid drum in good condition?                                                     | N/A      |         | N/A       | 0                | N/A      |
| Is the liquids drum 75% full?                                                             | N/A      |         | N/A       | 0                | N/A      |

|                                       |          |         |           |                  |          |
|---------------------------------------|----------|---------|-----------|------------------|----------|
| Are the drums properly labeled?       | N/A      |         | 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 - Indiana

**7-ELEVEN, INC**

43768/6116

1640 EAST WASHINGTON ST

INDIANAPOLIS, IN 46201-3851

State ID: 6712



| Inspection Date | Completed Date | Inspected By   | Pending Review Date | Reviewed By |
|-----------------|----------------|----------------|---------------------|-------------|
| 2/1/2024        | 2/1/2024       | 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?<br>(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)<br>(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       | Fuel Alarm | PASS      | 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?                                                                | No       | K1 Stp Has Water Present | FAIL      | 1                | 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                                | No       | Tankpad Painting Needed  | FAIL      | 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                                          | Yes      | Tankpad Painting Needed  | FAIL      | 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 #                                               | 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. | 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?                                                             | No  |  | N/A  | 0 | N/A |
| Is the solid drum in good condition?                                                      | N/A |  | N/A  | 0 | N/A |
| Is the solids drum 75% full?                                                              | N/A |  | N/A  | 0 | N/A |
| Is a drum for liquids present?                                                            | No  |  | N/A  | 0 | N/A |

| Is the liquid drum in good condition? | N/A      |         | N/A       | 0                | N/A      |
|---------------------------------------|----------|---------|-----------|------------------|----------|
| Is the liquids drum 75% full?         | N/A      |         | N/A       | 0                | N/A      |
| Are the drums properly labeled?       | N/A      |         | 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 - Indiana

**7-ELEVEN, INC**

43768/6116

1640 EAST WASHINGTON ST

INDIANAPOLIS, IN 46201-3851

State ID: 6712



| Inspection Date | Completed Date | Inspected By   | Pending Review Date | Reviewed By |
|-----------------|----------------|----------------|---------------------|-------------|
| 1/2/2024        | 1/2/2024       | 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?<br>(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)<br>(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      | 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                                                                                                                | none     |         | 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?                                                               | No       | No Liquid Wastedrums Onsite | FAIL      | 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                                | No       | Tankpad Painting Needed     | FAIL      | 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                                          | Yes      | Tankpad Painting Needed     | FAIL      | 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 #                                               | 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. | 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?                                                             | No  |  | N/A  | 0 | N/A |
| Is the solid drum in good condition?                                                      | N/A |  | N/A  | 0 | N/A |
| Is the solids drum 75% full?                                                              | N/A |  | N/A  | 0 | N/A |
| Is a drum for liquids present?                                                            | No  |  | N/A  | 0 | N/A |

| Is the liquid drum in good condition? | N/A      |         | N/A       | 0                | N/A      |
|---------------------------------------|----------|---------|-----------|------------------|----------|
| Is the liquids drum 75% full?         | N/A      |         | N/A       | 0                | N/A      |
| Are the drums properly labeled?       | N/A      |         | 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 - Indiana

**7-ELEVEN, INC**

43768/6116

1640 EAST WASHINGTON ST

INDIANAPOLIS, IN 46201-3851

State ID: 6712



| Inspection Date | Completed Date | Inspected By   | Pending Review Date | Reviewed By |
|-----------------|----------------|----------------|---------------------|-------------|
| 12/1/2023       | 12/1/2023      | 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?<br>(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)<br>(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      | High Product Alarm, Delivery Needed, Overfill Alarm | FAIL      | 3                | 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                                                                                                                | none     |                                                     | 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 #                                               | 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?<br>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?<br>If Yes, list contents and # of barrels                                        | Yes      | Liquid Wastedrum Cap Rusted And Damaged Can't Get Open | FAIL      | 0                | N/A   |
| Is a drum for solids present?                                                                                                       | No       |                                                        | N/A       | 0                | N/A   |
| Is the solid drum in good condition?                                                                                                | N/A      |                                                        | N/A       | 0                | N/A   |
| Is the solids drum 75% full?                                                                                                        | N/A      |                                                        | N/A       | 0                | N/A   |
| Is a drum for liquids present?                                                                                                      | Yes      |                                                        | N/A       | 0                | N/A   |

|                                       |          |                                                        |           |                  |          |
|---------------------------------------|----------|--------------------------------------------------------|-----------|------------------|----------|
| Is the liquid drum in good condition? | No       | Liquid Wastedrum Cap Rusted And Damaged Can't Get Open | FAIL      | 0                | N/A      |
| Is the liquids drum 75% full?         | Yes      |                                                        | FAIL      | 1                | N/A      |
| Are the drums properly labeled?       | Yes      |                                                        | PASS      | 0                | N/A      |
| Are the labels completely filled out? | No       |                                                        | FAIL      | 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**

43768/6116

1640 EAST WASHINGTON ST

INDIANAPOLIS, IN 46201-3851

State ID: 6712



| Inspection Date | Completed Date | Inspected By   | Pending Review Date | Reviewed By |
|-----------------|----------------|----------------|---------------------|-------------|
| 11/1/2023       | 11/1/2023      | 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?<br>(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)<br>(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      | 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                                                                                                                | none     |         | 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 #                                               | 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?<br>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?<br>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**

43768/6116

1640 EAST WASHINGTON ST

INDIANAPOLIS, IN 46201-3851

State ID: 6712



| Inspection Date | Completed Date | Inspected By   | Pending Review Date | Reviewed By |
|-----------------|----------------|----------------|---------------------|-------------|
| 10/2/2023       | 10/2/2023      | 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?<br>(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)<br>(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      | 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                                                                                                                | None     |         | 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 #                                               | 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. | 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?                                                             | No  |  | N/A  | 0 | N/A |
| Is the solid drum in good condition?                                                      | N/A |  | N/A  | 0 | N/A |
| Is the solids drum 75% full?                                                              | N/A |  | N/A  | 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**

43768/6116

1640 EAST WASHINGTON ST

INDIANAPOLIS, IN 46201-3851

State ID: 6712



| Inspection Date | Completed Date | Inspected By   | Pending Review Date | Reviewed By |
|-----------------|----------------|----------------|---------------------|-------------|
| 9/7/2023        | 9/13/2023      | 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 in Binder?                                                                                          | 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 in Binder?                                                                                                  | Yes      |         | 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)           | 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) in Binder?                                                                                                       | 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      | 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**

43768/6116

1640 EAST WASHINGTON ST

INDIANAPOLIS, IN 46201-3851

State ID: 6712



| Inspection Date | Completed Date | Inspected By   | Pending Review Date | Reviewed By |
|-----------------|----------------|----------------|---------------------|-------------|
| 8/1/2023        | 8/1/2023       | 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 in Binder?                                                                                          | 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 in Binder?                                                                                                  | Yes      |                      | 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)           | 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) in Binder?                                                                                                       | 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      | 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       | none outside expired | PASS      | 0                | N/A      |

|                                                                                                          |                                                    |         |           |                  |          |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------|-----------|------------------|----------|
| # Of Outside Fire Extinguishers Expired                                                                  | One Inside Needs Recharge Or Replaced By Main Door |         | N/A       | 1                | 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    |
| <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. | 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?                                                             | No       |         | N/A       | 0                | N/A      |
| Is the solid drum in good condition?                                                      | N/A      |         | N/A       | 0                | N/A      |
| Is the solids drum 75% full?                                                              | N/A      |         | N/A       | 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? | No       |         | FAIL      | 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**

43768/6116

1640 EAST WASHINGTON ST

INDIANAPOLIS, IN 46201-3851

State ID: 6712



| Inspection Date | Completed Date | Inspected By   | Pending Review Date | Reviewed By |
|-----------------|----------------|----------------|---------------------|-------------|
| 7/7/2023        | 7/7/2023       | 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 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                                                                                                             | None     |         | 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 #                                               | 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. | 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**

43768/6116

1640 EAST WASHINGTON ST

INDIANAPOLIS, IN 46201-3851

State ID: 6712



| Inspection Date | Completed Date | Inspected By   | Pending Review Date | Reviewed By |
|-----------------|----------------|----------------|---------------------|-------------|
| 6/1/2023        | 6/1/2023       | 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 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?                                                                                                                                | Yes      | Periodic Test Fail | 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                                                                                                             | None     |                    | 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 #                                               | 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. | 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? | No       |         | FAIL      | 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**

43768/6116

1640 EAST WASHINGTON ST

INDIANAPOLIS, IN 46201-3851

State ID: 6712



| Inspection Date | Completed Date | Inspected By   | Pending Review Date | Reviewed By |
|-----------------|----------------|----------------|---------------------|-------------|
| 5/1/2023        | 5/1/2023       | 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 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                                                                                                             | none     |         | 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                                | No       | Painting Needed | FAIL      | 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                                          | Yes      | Painting Needed | FAIL      | 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 #                                               | 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?<br>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?<br>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      |



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, appearing to read 'Michael Byrne', with a long, sweeping horizontal line extending to the right.

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: 

Name: Ron Fulenchek

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

Date: 11-28-2023

STATE OF TEXAS       )  
                                          )  
COUNTY OF ~~DALLAS~~    )

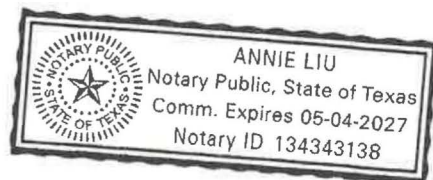
COLONIAL

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



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.



---

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

|            |                               |                           |              |    |
|------------|-------------------------------|---------------------------|--------------|----|
| 43748/6051 | Managed by Company - Speedway | 4502 SOUTH ADAMS STREET   | MARION       | IN |
| 43749/6060 | Managed by Company - Speedway | 2875 EAST MARKET STREET   | LOGANSPORT   | IN |
| 43750/6063 | Managed by Company - Speedway | 511 SOUTH MAIN STREET     | SHERIDAN     | IN |
| 43752/6065 | Managed by Company - Speedway | 1999 CONNER STREET        | NOBLESVILLE  | IN |
| 43753/6066 | Managed by Company - Speedway | 8895 EAST 116TH STREET    | FISHERS      | IN |
| 43754/6078 | Managed by Company - Speedway | 823 EAST WINONA AVENUE    | WARSAW       | IN |
| 43755/6080 | Managed by Company - Speedway | 1228 WEST PLYMOUTH STREET | BREMEN       | IN |
| 43756/6085 | Managed by Company - Speedway | 1901 CASSOPOLIS STREET    | ELKHART      | IN |
| 43758/6092 | Managed by Company - Speedway | 10471 NORTH US-31         | TAYLORSVILLE | IN |
| 43759/6094 | Managed by Company - Speedway | 53 EAST BROADWAY STREET   | SHELBYVILLE  | IN |
| 43760/6095 | Managed by Company - Speedway | 7103 NORTH KEYSTONE AVE   | INDIANAPOLIS | IN |
| 43762/6097 | Managed by Company - Speedway | 4830 WEST 38TH STREET     | INDIANAPOLIS | IN |
| 43763/6101 | Managed by Company - Speedway | 4535 NORTH SHADELAND AVE  | LAWRENCE     | IN |
| 43764/6105 | Managed by Company - Speedway | 9251 CRAWFORDSVILLE ROAD  | CLERMONT     | IN |
| 43765/6106 | Managed by Company - Speedway | 3540 WEST 30TH STREET     | INDIANAPOLIS | IN |
| 43766/6108 | Managed by Company - Speedway | 2615 NORTH EMERSON AVENUE | INDIANAPOLIS | IN |
| 43768/6116 | Managed by Company - Speedway | 1640 EAST WASHINGTON ST   | INDIANAPOLIS | IN |
| 43769/6117 | Managed by Company - Speedway | 2012 ENGLISH AVENUE       | INDIANAPOLIS | IN |
| 46780/6120 | Managed by Company - Speedway | 401 KENTUCKY AVENUE       | INDIANAPOLIS | IN |
| 46155/6124 | Managed by Company - Speedway | 7169 ROCKVILLE ROAD       | INDIANAPOLIS | IN |
| 43770/6125 | Managed by Company - Speedway | 10908 EAST US-36          | AVON         | IN |
| 43771/6127 | Managed by Company - Speedway | 3250 WEST MORRIS STREET   | INDIANAPOLIS | IN |
| 43772/6128 | Managed by Company - Speedway | 2355 PROSPECT STREET      | INDIANAPOLIS | IN |
| 43773/6131 | Managed by Company - Speedway | 5959 SOUTHEASTERN AVENUE  | INDIANAPOLIS | IN |
| 43774/6132 | Managed by Company - Speedway | 2954 SOUTH HOLT ROAD      | INDIANAPOLIS | IN |
| 43775/6135 | Managed by Company - Speedway | 3631 SOUTH KEYSTONE AVE   | INDIANAPOLIS | IN |
| 43776/6138 | Managed by Company - Speedway | 1207 SOUTH EAST STREET    | INDIANAPOLIS | IN |
| 43777/6139 | Managed by Company - Speedway | 2125 N STATE ROAD 13      | PIERCETON    | IN |
| 43778/6140 | Managed by Company - Speedway | 5221 SOUTH EMERSON AVENUE | INDIANAPOLIS | IN |
| 43779/6141 | Managed by Company - Speedway | 5508 MADISON AVENUE       | INDIANAPOLIS | IN |
| 43780/6143 | Managed by Company - Speedway | 8010 SOUTH EMERSON AVENUE | INDIANAPOLIS | IN |
| 43781/6144 | Managed by Company - Speedway | 936 WEST COUNTY LINE ROAD | INDIANAPOLIS | IN |
| 43782/6149 | Managed by Company - Speedway | 7114 BLUFFTON ROAD        | FORT WAYNE   | IN |
| 43783/6150 | Managed by Company - Speedway | 103 LINCOLN HIGHWAY EAST  | NEW HAVEN    | IN |
| 43784/6195 | Managed by Company - Speedway | 6001 MICHIGAN ROAD        | INDIANAPOLIS | IN |
| 43785/6215 | Managed by Company - Speedway | 130 STATE ROUTE 135       | TRAFALGAR    | IN |
| 43786/6218 | Managed by Company - Speedway | 75 NORTH LYNHURST DRIVE   | INDIANAPOLIS | IN |
| 43787/6220 | Managed by Company - Speedway | 441 EAST HANNA AVENUE     | INDIANAPOLIS | IN |
| 43788/6368 | Managed by Company - Speedway | 2053 SHELBY STREET        | INDIANAPOLIS | IN |
| 43789/6372 | Managed by Company - Speedway | 4743 WEST 16TH STREET     | INDIANAPOLIS | IN |
| 43790/6383 | Managed by Company - Speedway | 1901 ELMWOOD AVENUE       | LAFAYETTE    | IN |
| 43791/6384 | Managed by Company - Speedway | 201 EAST MAIN STREET      | DANVILLE     | IN |
| 46817/6620 | Managed by Company - Speedway | 1706 SOUTH BEND AVENUE    | SOUTH BEND   | IN |
| 43792/6621 | Managed by Company - Speedway | 153 MORTHLAND DRIVE       | VALPARAISO   | IN |
| 43793/6629 | Managed by Company - Speedway | 1708 E 116TH ST           | CARMEL       | IN |
| 43794/6630 | Managed by Company - Speedway | 2005 MORTHLAND DR.        | VALPARAISO   | IN |



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.



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

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

## *Certificate of Completion*

Awarded to:  
Andrew Rice

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

License #: 20665

Issue Date: June 21, 2022

Expiration Date: June 21, 2025

Brian C. Rockensuess, Commissioner

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



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

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

This certifies that  
**Carrie Ann Dugan**  
**For Completion of I**  
**INDIANA in accordance with 329 IAC 9.**

Certificate is applicable to the following location

Company Name      1636 ENVIRONMENTAL  
                                 COMPLIANCE

Address

City

Facility ID

UST Facility ID

Issue Date: December 04, 2022

Training authorized by Michael Byrne License #(s): 20091

Class A or B Operator Signature

Training Provided by

Passport

Training Signature

Expiration Date:

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

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





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

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

This certifies that  
**Derek F Smith**  
**For Completion of I**  
**INDIANA in accordance with 329 IAC 9.**

Certificate is applicable to the following location

Company Name      1636 ENVIRONMENTAL  
                                 COMPLIANCE

Address

City

Facility ID

UST Facility ID

Issue Date: June    30, 2021

Training authorized by Michael Byrne License #(s): 20091

Class A or B Operator Signature

Training Provided by

Passport

Training Signature

Expiration Date:

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

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