



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

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

Facility Name: SSA 3310	Owner: Speedway,LLC	
Address: 3879 State Road 38	Address: 600 Speedway Dr	
City, State, Zip Code: Layfayette, IN	City, State, Zip Code: Enon,OH	
Facility I.D. #: 25179	Phone #:	
Testing Company: US Tank Alliance	Phone #: (440) 238-7705	Date: 4-10-2024

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 SB 1	T1 SB 2	T2 SB	T3 SB	T4 SB	T5 SB
Product Stored	RUL	RUL	PUL	DSL	E85	KER
Spill Bucket Capacity	5 gallon	5 gallon	5 gallon	5 gallon	5 gallon	5 gallon
Manufacturer	OPW	OPW	EMCO	EMCO	OPW	EMCO
Construction	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
Test Type	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled	<input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled
Spill Bucket Type	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor	<input checked="" type="checkbox"/> Product <input type="checkbox"/> Vapor
Liquid and debris removed from spill bucket?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Visual Inspection (No cracks, loose parts or separation of the 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 checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Tank riser cap included in test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is drain valve included in test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Starting Level	13"	14"	13"	13"	14"	13"
Test Start Time	9:49	9:47	9:45	9:43	9:41	9:39
Ending Level	13"	14"	13"	13"	14"	13"
Test End Time	10:49	10:47	10:45	10:43	10:41	10:39
Test Period	1 hr	1 hr	1 hr	1 hr	1 hr	1 hr
Level Change	0	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 checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Comments:** IN cert # UC108086 PEI Certified

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

Tester's Name Robby Royer

Tester's Signature



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

**CONTAINMENT SUMP INTEGRITY TESTING  
HYDROSTATIC TESTING METHOD**

Facility Name: SSA 3310	Owner: Speedway, LLC	
Address: 3879 State Road 38	Address: 600 Speedway Dr	
City, State, Zip Code: Lafayette, IN	City, State, Zip Code: Enon, OH	
Facility I.D. #: 25179	Phone #:	
Testing Company: US Tank Alliance	Phone #: (440) 238-7705	Date: 4-10-2024

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

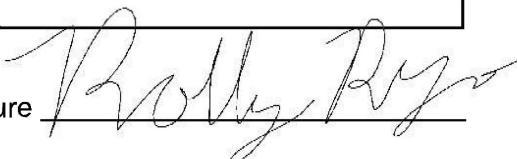
Containment Sump ID	T1 RUL STP	T2 PUL STP	T3 DSL STP	T4 E85 STP	T5 KER Piping	
Containment Sump Material	Fiberglass	Fiberglass	Fiberglass	Fiberglass	Fiberglass	
Liquid and debris removed from sump?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visual Inspection (No cracks, loose parts or separation of the containment sump.)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Containment Sump Depth	49"	39"	38"	49"	50"	
Height From Bottom to Top of Highest Penetration	14"	14"	16"	14"	19"	
Starting Water Level	49"	39"	38"	49"	50"	
Test Start Time	9:17	9:22	9:27	9:32	9:37	
Ending Water Level	49"	39"	38"	49"	50"	
Test End Time	10:17	10:22	10:27	10:32	10:37	
Test Period (Minimum test time: 1 hour)	1 hr	1 hr	1 hr	1 hr	1 hr	
Water Level Change	0	0	0	0	0	

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

<b>Test Results</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Comments:** IN cert # UC108086 PEI Certified

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

Tester's Name Robby Royer Tester's Signature 



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

**CONTAINMENT SUMP INTEGRITY TESTING  
HYDROSTATIC TESTING METHOD**

Facility Name: SSA 3310	Owner: Speedway, LLC	
Address: 3879 State Rd 38	Address: 600 Speedway Dr	
City, State, Zip Code: Lafayette, IN	City, State, Zip Code: Enon, OH	
Facility I.D. #: 25179	Phone #:	
Testing Company: US Tank Alliance	Phone #: (440) 238-7705	Date: 4-10-2024

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

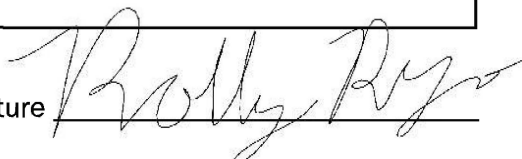
Containment Sump ID	UDC 1-2	UDC 3-4	UDC 5-6	UDC 7-8	UDC 9-10	UDC KER 11
Containment Sump Material	Poly	Poly	Poly	Poly	Poly	Poly
Liquid and debris removed from sump?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Visual Inspection (No cracks, loose parts or separation of the containment sump.)	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Containment Sump Depth	27"	27"	27"	27"	27"	27"
Height From Bottom to Top of Highest Penetration	5"	5"	5"	5"	5"	5"
Starting Water Level	27"	27"	27"	27"	27"	27"
Test Start Time	10:11	10:08	10:05	10:02	9:59	9:53
Ending Water Level	27"	27"	27"	27"	27"	27"
Test End Time	11:11	11:08	11:05	11:02	10:59	10:53
Test Period (Minimum test time: 1 hour)	1 hr	1 hr	1 hr	1 hr	1 hr	1 hr
Water Level Change	0	0	0	0	0	0

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

<b>Test Results</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Comments:** IN cert # UC108086 PEI Certified

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

Tester's Name Robby Royer Tester's Signature 



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

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

Facility Name: SSA 3310	Owner: Speedway,LLC
Address: 3879 State Road 38	Address: 600 Speedway Dr
City, State, Zip Code: Lafayette, IN	City, State, Zip Code: Enon,OH
Facility I.D. #:	Phone #:
Testing Company: US Tank Alliance	Phone #: (440) 238-7705
	Date: 4/22/24

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

Product Grade	RUL	E85				
Tank Number	1	4				
Tank Volume, gallons	19951	4021				
Tank Diameter, inches	120	92				
Overfill Prevention Device Brand	OPW	A1100-T				
Type	<input checked="" type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input checked="" type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve	<input type="checkbox"/> Automatic Shutoff Device <input type="checkbox"/> Ball Float Valve

**AUTOMATIC SHUTOFF DEVICE INSPECTION**

1. Drop tube removed from tank?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. 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 type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Float moves freely without binding and poppet moves into flow path?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Bypass valve in the drop tube is open and free of blockage (if present)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present
5. Flapper is adjusted to shut off flow at 95% capacity?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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 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
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\* Use manufacturer's suggested procedure for determining if automatic shutoff device will shut off flow at 95% capacity.  
 \*\* Use manufacturer's suggested procedure for determining if flow restriction device will restrict flow at 90% capacity.

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





**OVERFILL ALARM  
OPERATION INSPECTION**

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

Tank Number				
Product Stored				
Tank Level Monitor Brand and Model				
1. Tank Volume, gallons				
2. Tank Diameter, inches				
3. Does the overfill alarm activate in the test mode at the console?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. When activated, can the overfill alarm be heard or seen while delivering to the tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. After removing the probe from the tank, has it been inspected and any damaged or missing parts replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Float moves freely on the stem without binding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does moving product level float up the stem trigger alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Inch level from bottom of stem when 90% alarm is triggered.				
9. Tank volume at inch level in Line 8.				
10. Calculate (Line 9 / Line 1) x 100				
11. Is Line 10 less than 90%?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does the fuel float level on the console agree with the gauge stick reading?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does the overfill alarm activate at any product level above 90% tank capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any answers in Lines 3, 4, 5, 6, 7 or 11 are "No", or Line 13 is "Yes", the system has failed the test.				
<b>Test Results</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>Comments:</b> IN Cert # UC20098339 PEI Certified				

Tester's Name Anthony Walter

Tester's Signature Anthony Walter

Date 4-22-2024


Site Name/number SSA 3310

City/State Lafayette, IN

update 3/24/23 KP

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

Tank number (from ATG)	1	4							
Product	RUL	E85							
Drop tube Make/Model	OPW	A1100-T							
Actual Tank Capacity	19951	4021							
<b>OPW 71SO</b>									
Upper Tube Length (D)	57								
Distance from the inlet tube flange to the bottom of cut (W)	159.5								
Distance from the inlet tube flange to the top of of cut (U)	159.5								
Distance from inlet tube flange to bottom of tank (B)	164.5								
Note: If a tank bottom protector is present (OPW 6111 & 61TP add 0.6")									
Using tank chart 100% volume (Y)	19951	"	"	"	"	"	"	"	"
Subtract (B)-(D)-2" = (X)	105.5								
Convert (X) to gallons	18734	gals	gals	gals	gals	gals	gals	gals	gals
(Y) tank capacity in gallons	19951								
Shut off percent (X)÷(Y)x100	93.9								
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)		141.5							
subtract B (top of drop tube to top of fill adapter)		55.5							
Subtract A - B =		86							
subtract 4.50" (equals C)		81.5							
compare C to tank chart	gals	3778	gals	gals	gals	gals	gals	gals	gals
using tank chart multiply total tank capacity by 95%	gals	3821	gals	gals	gals	gals	gals	gals	gals
using tank chart convert 95% gals to inches	"	82.75	"	"	"	"	"	"	"
Shut off percent C ÷ total capacity		93.9							
Inches off bottom (Top of cut to bottom of tank) more than 6" call in		4.5							

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# 3310 / 43676**

**Work Order# 001107216494 (T00002990755)**

3879 State Road 38 East. LAFAYETTE, IN

Printed: 06/17/2024

**Technicians**

WO Assigned: (00F4) Myers, Homer 317-473-7169 ( Manager: Vogel 502-803-5686 )

Store Assigned: (00F4) Myers, Homer 317-473-7169

**Work Order Date: 04/02/2024 16:13**

**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

AFE: 187632

**Work Order Description**

*RUL (closest to STP) fill adapter is seized so could not remove drop tube to confirm flapper valve is set correctly. Please make sure adapter and drop tube can be removed for testing. E85 drop tube is 7" off bottom of tank. Please fix or replace so it is no more than 6" off bottom of tank. All vapor adapters are seized so could not confirm no ball floats are present. Please make sure adapters can be removed and remove ball floats if present.*

**Verified: 04/11/2024 16:48 By: Matt**

Vendor: Rcm Corp

Notes/Comment:

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Speedway LLC.

Store# 3310 / 43676

Work Order# 001107216494 (T00002990755)

3879 State Road 38 East. LAFAYETTE, IN

Printed: 06/17/2024

**Invoice 31442**

**Rcm Corp**

Date: 04/11/2024

Vendor#: 907601

Invoice Amount: \$3,250.00

AFE#: 187632

Gross Amount NonTax: \$3,250.00

Total Tax: \$.00

1099 Reportable: \$1,625.00

Work Description: AS PER QUOTE: Remove 2 vapor adapters. Remove RUL fill adapter. Verify drop tubes. Cut off 3 vapor adapters. Extend E-85 drop tube.

**Capital Assets**

There are NO Capital Assets listed for this work order.

**Parts**

Name/ID	Description	Count	Cost	Total
AS PER QUOTE	vapor adapter	3	\$500.00	\$1,500.00
AS PER QUOTE	Morrison drop tube extension kit	1	\$125.00	\$125.00

(%) Tax:

Total:

**Labor**

Personnel	Notes	Hours	Rate	Total
AS PER QUOTE	-	1	\$1,625.00	\$1,625.00

(%) Tax:

Total:

**Travel**

There are NO Travel listed for this work order.

**Sub-Contractor**

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

**Equipment Rental**

There are NO Equipment Rental listed for this work order.

**Grand Total**

Technician Total:	\$ .00
Vendor Invoice Total:	\$3,250.00
Grand Total:	\$3,250.00





**Speedway LLC.**

**Store# 3310 / 43676**

**Work Order# 001107342445 (T00003107108)**

3879 State Road 38 East. LAFAYETTE, IN

Printed: 07/01/2024

**Technicians**

WO Assigned: (008H) Turay, Allen 219-286-5985 ( Manager: Gray 317-416-0855 )

Store Assigned: (00F4) Myers, Homer 317-473-7169

**Work Order Date: 06/17/2024 11:30**

**Priority: Routine                      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: Lines

**Work Order Description**

*Per IDEM Inspection. Due 7/17/24. Interstitial Monitoring for Piping. Assign a certified contractor to remove the Schrader bolts from the STP piping boots to ensure the DW piping will properly communicate with the STP sump sensors in case of a leak. For questions or updates, contact Andrew Rice at Andrew.Rice@7-11.com or 937-521-9797.*

**Verified: 06/18/2024 14:30 By: jono**

Vendor: Rcm Corp

Notes/Comment:

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Speedway LLC.

Store# 3310 / 43676

Work Order# 001107342445 (T00003107108)

3879 State Road 38 East. LAFAYETTE, IN

Printed: 07/01/2024

**Invoice 31640**

**Rcm Corp**

Date: 06/18/2024

Vendor#: 907601

Invoice Amount: \$308.19

AFE#: NONE

Gross Amount NonTax: \$308.19

Total Tax: \$.00

1099 Reportable: \$308.19

Work Description: Remove schraeder valves in all STP's per IDEM

**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
Man	-	4	\$67.50	\$270.00
			(%) Tax:	
			Total:	

**Travel**

Type	Notes	Units	Rate	Total
Mileage	1/2 Trip to Lafayette	57	\$.67	\$38.19
			(%) 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:	\$308.19
Grand Total:	\$308.19

**Rice, Andrew Nicholas (Andrew)**

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**From:** rcmcorp82 <rcmcorp82@aol.com>  
**Sent:** Tuesday, June 18, 2024 1:51 PM  
**To:** Rice, Andrew Nicholas (Andrew)  
**Subject:** 3310 STP piping

Andrew, I removed the Schrader valves from all five STP Sumps. Here are your pictures. THANKS, RANDY.



DSL STP



PUL STPN



K-1 sump



Rul stp



E-85 stp

Sent from my iPhone





**Speedway LLC.**

**Store# 3310 / 43676**

**Work Order# 001107342423 (T00003107102)**

3879 State Road 38 East. LAFAYETTE, IN

Printed: 07/01/2024

**Technicians**

WO Assigned: (00F4) Myers, Homer 317-473-7169 ( Manager: Vogel 502-803-5686 )

Store Assigned: (00F4) Myers, Homer 317-473-7169

**Work Order Date: 06/17/2024 11:29**

**Priority: Routine      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**

*Per IDEM Inspection. Due by 7/17/24. Spill Buckets. Remove and dispose of the fluid from all of the Spill Buckets. For questions contact Andrew Rice at Andrew.Rice@7-11.com or 937-521-9797.*

**Verified: 06/18/2024 14:31 By: jono**

Vendor: Rcm Corp

Notes/Comment:

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Speedway LLC.

Store# 3310 / 43676

Work Order# 001107342423 (T00003107102)

3879 State Road 38 East. LAFAYETTE, IN

Printed: 07/01/2024

**Invoice 31641**

**Rcm Corp**

Date: 06/18/2024

Vendor#: 907601

Invoice Amount: \$240.69

AFE#: NONE

Gross Amount NonTax: \$240.69

Total Tax: \$.00

1099 Reportable: \$240.69

Work Description: Clean all spill buckets

**Capital Assets**

There are NO Capital Assets listed for this work order.

**Parts**

There are NO Parts listed for this work order.

**Labor**

Personnel	Notes	Hours	Rate	Total
Man	-	3	\$67.50	\$202.50
			(%) Tax:	
			Total:	

**Travel**

Type	Notes	Units	Rate	Total
Mileage	1/2 Trip to Lafayette	57	\$.67	\$38.19
			(%) 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:	\$240.69
Grand Total:	\$240.69

**Rice, Andrew Nicholas (Andrew)**

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**From:** rcmcorp82 <rcmcorp82@aol.com>  
**Sent:** Tuesday, June 18, 2024 2:37 PM  
**To:** Rice, Andrew Nicholas (Andrew)  
**Subject:** 3310 spill buckets

Andrew, here are pictures of all of the spill bucket cleaned at 3310. Thanks, Randy.Y



Pul



Rul



Rul



Dslg



E-85



K-1

Sent from my iPhone