



December 5, 2016

Project #8085

Ms. Nawal Hopkins
Indiana Department of Environmental Management
Office of Land Quality – IDEM UST Section
100 North Senate Avenue
Indianapolis, Indiana 46204

Reference: Underground Storage Tank System Tank & Line Test Results
Casey's General Store #2579
302 East 1st Street
Alexandria, Indiana 46001
FID #22579

Dear Ms. Hopkins:

Active Environmental Services, Inc. is submitting this Underground Storage Tank (UST) System Tank & Line Test Results for the referenced site. The UST system upgrade activities were approved by IDEM on October 7, 2016. The piping and associated dispensers associated with the facility were removed on October 12, 2016 and the dispensers and piping were replaced after the sampling was completed. The UST System Upgrade report was submitted to IDEM on October 26, 2016. The IDEM date stamped UST Upgrade Notification Form is contained in Appendix A.

The tank and line testing was conducted by Compliance Testing and Technology on November 30, 2016. A copy of the test results are in Appendix B. If you have questions please contact me at 317-871-8560.

Yours truly,
ACTIVE ENVIRONMENTAL SERVICES, INC.

A handwritten signature in black ink, appearing to read "Rob George", with a long, sweeping horizontal line extending to the right.

Rob George, LPG #2220
Senior Project Geologist

cc: Mrs. Julie Pinegar, Casey's Marketing Company, Inc., 3305 SE Delaware Avenue,
Ankeny, Iowa 50021-8045

APPENDIX A

UST NOTIFICATION FORM



NOTIFICATION FOR UNDERGROUND STORAGE TANKS
State Form 45223 (R5 / 1-14)

RECEIVED

RETURN COMPLETED FORMS TO:
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF LAND QUALITY, UST SECTION
100 N. Senate Avenue
Indianapolis, IN 46204-2251
UST: (317) 234-4112; Release Reporting: (317) 232-8800

22579 :Facility ID Number
11309 :Owner ID Number

OCT 17 2016

Page: 1 of 6

Notification is required by Federal and State laws for all storage tanks that are operational or have been used to store regulated substances after January 1, 1974. The information requested is required by Indiana Code 329 IAC 9, as amended. Specific detailed instructions for the completion of this form may be obtained by contacting the UST Section at the above address.

Instructions for this form can be found at http://www.in.gov/idem/files/form_ust_notification_instructions.doc

A TYPE OF NOTIFICATION

THIS NOTIFICATION FORM PROVIDES INFORMATION FOR (CHECK ALL THAT APPLY):

- A NEW FACILITY
- A NEW OWNER
- A NEW TANK
- A SYSTEM UPGRADE
- AN ADDRESS CHANGE
- A CHANGE OF OWNERSHIP
- A CHANGE IN SERVICE
- OTHER Piping upgrade
- A TEMPORARY CLOSURE
- A REQUEST FOR CLOSURE
Attach workplan for in-place closure.
- A PERMANENT CLOSURE

B FACILITY LOCATION C FACILITY OPERATOR

FACILITY NAME CASEY'S GENERAL STORE # 2579		OPERATOR NAME JILL REAMS-WIDDER	
FACILITY ADDRESS (number and street) 302 E 1ST ST		OPERATOR ADDRESS (number and street) 3305 SE DELAWARE AVE	
CITY ALEXANDRIA	STATE IN	CITY ANKENY	STATE IA
ZIP CODE 46001	TELEPHONE NUMBER (765) 724-7902	ZIP CODE 50021	TELEPHONE NUMBER (515) 965-6238
COUNTY MADISON	GPS LOCATION (UTM)	FEDERAL ID NUMBER 42-1435913	EMAIL ADDRESS

D PROPERTY OWNER E UST OWNER

PROPERTY OWNER NAME CASEY'S MARKETING CO		UST OWNER NAME (Mark if same as Property Owner) JILL REAMS-WIDDER	
PROPERTY OWNER ADDRESS (number and street) 3305 SE DELAWARE AVE		UST OWNER ADDRESS (number and street) 3305 SE DELAWARE AVE	
CITY ANKENY	STATE IA	CITY ANKENY	STATE IA
ZIP CODE 50021	TELEPHONE NUMBER (515) 965-6238	ZIP CODE 50021	TELEPHONE NUMBER (515) 965-6238
FEDERAL ID NUMBER 42-1435913	TAX ID NUMBER	FEDERAL ID NUMBER ----	TAX ID NUMBER ----
EFFECTIVE DATE OF OWNERSHIP (mm/dd/yyyy) 5-5-05	EMAIL ADDRESS OC 2 8 2016 BC	EFFECTIVE DATE OF OWNERSHIP (mm/dd/yyyy)	EMAIL ADDRESS

F DEPARTMENT OF ENVIRONMENTAL MANAGEMENT CONTACT AT UST LOCATION

NAME OF CONTACT PERSON JILL REAMS-WIDDER		NUMBER OF USTs AT THIS LOCATION 2
JOB TITLE Dir of EDA comp.	TELEPHONE NUMBER 515 965-6238	NUMBER OF PAGES ATTACHED TO THIS 5

CASEY'S GENERAL ST

22579

G CERTIFICATION OF FINANCIAL RESPONSIBILITY

I am familiar with the requirements for Financial Responsibility under 329 IAC 9-8 and have read the instructions for this form. I have copied only the bold and underlined text from Section G of the instructions in the box below that describes the type of Financial Responsibility I have for this site and I understand that I must produce evidence of this upon request.

6. C. ELTF Tangible Net Worth Letter (9-8-11(c)(3))

TITLE DIR. of EPA	NAME JILL REAMS-WIDDER	SIGNATURE 	DATE (month / day / year) 10/18/16
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H THIRTY (30) DAY REQUEST FOR UST CLOSURE

To request a UST closure, mark "A Request for Closure" in Section A, Type of Notification. Complete the entire form as with other types of notifications and fill in the requested information below.

PROPOSED CONTRACTOR		LUST INCIDENT INFORMATION	
CONTRACTOR COMPANY <i>Lawrence Building Corp.</i>		LUST INCIDENT NUMBER (IF APPLICABLE)	
CONTRACTOR NAME <i>Brandon Shister</i>	CERTIFICATION NUMBER <i>UC2012049353</i>	DATE INCIDENT REPORTED (month / day / year)	
STREET ADDRESS (number and street) <i>8401 Fritz Rd.</i>		<p>*NOTE: Any UST closures must be performed by persons certified by the Indiana State Fire Marshal. City/County Fire Departments, the Indiana State Fire Marshal, and IDEM's UST Section must be notified 14 days prior to closure. Please report to the Leaking Underground Storage Tank Section at (317) 232-8900 if signs of soil or groundwater contamination are observed. Indiana State Fire Marshal (317) 232-2222</p>	
CITY <i>Fort Wayne</i>	STATE <i>IN</i>		
ZIP CODE <i>46818</i>	TELEPHONE NUMBER <i>(260) 469-8400</i>		

I CONTRACTOR COMPLIANCE CERTIFICATION: ATTACH AS-BUILT UST PLANS

OATH: I certify that the information concerning installation, testing, upgrade, closure, removal and change-in-service provided in this notification is true and correct to the best of my knowledge.

NAME OF CONTRACTOR/CONSULTANT <i>Brandon Shister</i>	NAME OF COMPANY <i>Lawrence Building Corp.</i>	AS-BUILTS ATTACHED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SIGNATURE (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED.) 	CERTIFICATION NUMBER <i>UC2012049353</i>	DATE (month / day / year) <i>10/11/16</i>

J OPERATOR CERTIFICATION

OATH: I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

NAME OF OPERATOR OR AUTHORIZED REPRESENTATIVE JILL REAMS-WIDDER	NAME OF COMPANY CASEY'S MARKETING CO	LEASE ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED.) 	DRIVERS LICENSE NUMBER	DATE (month / day / year) <i>10/18/16</i>

K PROPERTY OWNER CERTIFICATION

OATH: I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

NAME OF PROPERTY OWNER OR AUTHORIZED REPRESENTATIVE JILL REAMS-WIDDER	NAME OF COMPANY CASEY'S MARKETING CO	DEED ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED.) 	DRIVERS LICENSE NUMBER	DATE (month / day / year) <i>10/18/16</i>

L UST OWNER CERTIFICATION

OATH: I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

NAME OF UST OWNER OR AUTHORIZED REPRESENTATIVE JILL REAMS-WIDDER	NAME OF COMPANY CASEY'S MARKETING CO	OWNER DOC ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED.) 	DRIVERS LICENSE NUMBER	DATE (month / day / year) <i>10/18/16</i>

M NUMBER OF UNDERGROUND STORAGE TANKS

Complete a column for each tank. Attach additional sheets when number of USTs exceeds six (6).

SEQUENTIAL UST NUMBER	1	2				
OWNER-SPECIFIED UST NUMBER						
IS THIS A COMPARTMENTED UST? <small>(mm/dd/yyyy) DATE INSTALLED</small>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N 1/1/96	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N 1/1/96	<input type="checkbox"/> Y <input type="checkbox"/> N			
<small>(gallons) CAPACITY</small>	10,000	10,000				

N STATUS OF UNDERGROUND STORAGE TANKS

1. CURRENTLY IN USE <small>(mm/dd/yyyy) Date Brought Into Use</small>	<input checked="" type="checkbox"/> 1/1/96	<input checked="" type="checkbox"/> 1/1/96	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. TEMPORARILY OUT OF USE <small>(mm/dd/yyyy) Date Last Used</small>	<input type="checkbox"/>					
3. PERMANENTLY OUT OF USE <small>(mm/dd/yyyy) Date Removed From Ground</small> <small>(mm/dd/yyyy) Date Filled In-Place</small> <small>(mm/dd/yyyy) Date of Change-in-Service</small>						
4. REQUESTING CLOSURE Removal Closure In-Place Closure	<input type="checkbox"/> <input type="checkbox"/>					

O SUBSTANCE CURRENTLY OR LAST STORED IN USTs

1. PETROLEUM						
Gasoline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>					
Used Oil	<input type="checkbox"/>					
Kerosene	<input type="checkbox"/>					
Biofuel%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<small>(specify) Other</small>						
2. HAZARDOUS SUBSTANCE CERCLA Substance Chemical Abstract Service Number Mixture of Substances	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

P UST CONSTRUCTION MATERIAL

Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass <small>(Steel with Fiberglass Jacket) Clad</small>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Double-Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product stored in tank is compatible <small>(specify) Other</small>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Q UST CORROSION PROTECTION

Interior Lining <small>(mm/dd/yyyy) Date Liner Installed</small>	<input type="checkbox"/>					
(Galvanic) Sacrificial Anodes Impressed Current <small>(mm/dd/yyyy) Date Anodes Installed</small>	<input type="checkbox"/> <input type="checkbox"/>					
<small>(specify) Other</small>						

FACILITY NAME

CASEY'S GENERAL STORE

FACILITY ID NUMBER

22579

State Form 45223 (R5 / 1-14)

Page: **4** of

Complete a column for each UST. Attach additional sheets when number of USTs exceeds six (6).

SEQUENTIAL UST NUMBER	1	2				
OWNER-SPECIFIED UST NUMBER						

R PIPING CONSTRUCTION AND PROTECTION

Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-Walled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Galvanic) Sacrificial Anodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product stored in tank is compatible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(specify) Other	AP7	AP7				

S UST RELEASE DETECTION

Automatic Tank Gauging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring / Barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Method						

T PIPING TYPE AND RELEASE DETECTION

Suction	European Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	American Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressurized <i>Must Check One.</i>	Auto Leak Detector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Flow Restrictor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Flow Shut Off	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Audible Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must Check One.	Automatic Tank Gauge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SIR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Line Tightness Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

U SPILL AND OVERFILL PREVENTION EQUIPMENT

Catchment Basins	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto Shutoff Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overfill Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ball Float Valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under-Dispenser Containment Sumps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify below) Another Method						

V COMPLIANCE SPECIFIC TO THIS INSTALLATION, UPGRADE OR CLOSURE

Contractor certified by IDHS-DFBS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work inspected by IDHS-DFBS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer certified by manufacturer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work inspected by registered PE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify below) Another Method						

APPENDIX B

UST TANK & LINE TEST RESULTS

SITE: State ID # Owner _____ Facility _____

Casey's General Store #2579

302 E 1st St.

Alexandria IN 46001

DATE: November 30, 2016

CONTACT: Julie

PHONE: 515-965-6237

JOB #: T4 071856

Tank #	1	2		
Capacity	10000	10000		
Dimensions	8'x27'	8'x27'		
Product	Unleaded	Diesel		
Type of Tank (ST, FRP, DW/FRP, etc)	FRP	FRP		
UST or AST	<input checked="" type="checkbox"/> UST <input type="checkbox"/> AST	<input checked="" type="checkbox"/> UST <input type="checkbox"/> AST	<input type="checkbox"/> UST <input type="checkbox"/> AST	<input type="checkbox"/> UST <input type="checkbox"/> AST
Type of Piping (ST, FRP, DW/FRP, etc)	Flex	Flex		
Fill Pipe Diameter	4"	4"		
Overfill Device	Autolimiter	Autolimiter		
Overspill Device	Flush with Grade	Flush with Grade		
Drop Tube	Yes	Yes		
Condition of Sump Pump Area (wet, dry, fuel, etc.)	Dry	Dry		

DELIVERY SYSTEM

Number of Pumps	1	1		
Suction Pump	N/A	N/A		
Model/Brand	N/A	N/A		
Check Valve Position	N/A	N/A		
Pressure Pump	FE Petro	FE Petro		
Model/Brand	STP	STP		
Leak Detector Mfg.	Veeder Root	Veeder Root		
Mechanical LD M#	N/A	N/A		
Electronic LD M#	PLLD	PLLD		
Condition & description of dispenser pan construction and depth.	Tight with no apparent leaks	Tight with no apparent leaks		

Technician: Jake Ambrosius

Comments:

SITE: State ID # Owner _____ Facility _____
Casey's General Store #2579
302 E 1st St.
Alexandria IN 46001

DATE: 11-30-2016
CONTACT: Julie
PHONE: 515-965-6237
JOB #: T4 071856

Test Number				
Sump Pump #	1	2		
Product	Unleaded	Super		
Manufacturer	FE Petro	FE Petro		
Isolation (pump)	Check Valve	Check Valve		
Isolation (disp.)	Shear Valve	Shear Valve		
Test Pressure	58 psi	60 psi		
Initial Cyl. Level	0.0550	0.0700		
Final Cyl. Level	0.0540	0.0700		
Begin Time	1420	1510		
End Time	1450	1540		
Change in Time	30 min.	30 min.		
Change in Volume	0.0010	0.0000		
Leak Rate	<.01	<.01		
Pass/Fail	Pass	Pass		
Line Test Method	Acurite	Acurite		

Technician Kyle Lorrigan

Certification # 3409. LTN

Signature 

Exp Date January 27, 2018

Comments:

Leak Rate and Cracking Pressure of P/V Vent Valves TP 201.1 E

Ref. No: _____
 AQMD ID: _____
 Site Name: Casey's General Store #2579
 Address: 302 E 1st St.
Alexandria IN 46001
 Phone: 515-965-6237

Testing Company
Compliance Testing & Technology

Name: _____
 Address: W67 N250 Evergreen Blvd., Suite 100
Cedarburg, WI 53012
 Phone: (262) 292-2200

P/V Valve Manufacturer:	Husky	Model Number:	4855	Pass/Fail	Pass
Manufacturer Specified Positive leak Rate (CFH)	.05	Manufacturer Specified Negative leak Rate (CFH)			-21
Measured Positive Leak Rate (CFH)	.04	Measured Negative Leak Rate (CFH)			.19
Positive Cracking Pressure (in. H2O)	3.10	Negative Cracking Pressure (in. H2O)			8.83

P/V Valve Manufacturer:		Model Number:		Pass/Fail	
Manufacturer Specified Positive leak Rate (CFH)		Manufacturer Specified Negative leak Rate (CFH)			
Measured Positive Leak Rate (CFH)		Measured Negative Leak Rate (CFH)			
Positive Cracking Pressure (in. H2O)		Negative Cracking Pressure (in. H2O)			

P/V Valve Manufacturer:		Model Number:		Pass/Fail	
Manufacturer Specified Positive leak Rate (CFH)		Manufacturer Specified Negative leak Rate (CFH)			
Measured Positive leak Rate (CFH)		Measured Negative Leak Rate (CFH)			
Positive Cracking Pressure (in. H2O)		Negative Cracking Pressure (in. H2O)			

P/V Valve Manufacturer:		Model Number:		Pass/Fail	
Manufacturer Specified Positive leak Rate (CFH)		Manufacturer Specified Negative leak Rate (CFH)			
Measured Positive leak Rate (CFH)		Measured Negative Leak Rate (CFH)			
Positive Cracking Pressure (in. H2O)		Negative Cracking Pressure (in. H2O)			

P/V Valve Manufacturer:		Model Number:		Pass/Fail	
Manufacturer Specified Positive leak Rate (CFH)		Manufacturer Specified Negative leak Rate (CFH)			
Measured Positive leak Rate (CFH)		Measured Negative Leak Rate (CFH)			
Positive Cracking Pressure (in. H2O)		Negative Cracking Pressure (in. H2O)			

P/V Valve Manufacturer:		Model Number:		Pass/Fail	
Manufacturer Specified Positive leak Rate (CFH)		Manufacturer Specified Negative leak Rate (CFH)			
Measured Positive leak Rate (CFH)		Measured Negative Leak Rate (CFH)			
Positive Cracking Pressure (in. H2O)		Negative Cracking Pressure (in. H2O)			

Tester: Kyle Lorrigan
 Signature: 

Test Date: 11-30-2016



2 Inch Pressure Decay TP 201.3

Ref. No: _____
 AQMD ID: _____
 Site Name: Casey's General Store #2579
 Address: 302 E 1st St.
Alexandria IN 46001
 Phone: 515-965-6237

Testing Company

Name: Compliance Testing and Technology
 Address: W67 N250 Evergreen Blvd., Suite 100
Cedarburg, WI 53012
 Phone: (262) 292-2200

Phase I System? Dual Point Poppeted Coaxial Tanks Manifoldd? Yes No
 Phase II System? Balance Vac Assist Booted Vac Assist Vapor Pot Present? Yes No

Total # of Nozzles 8 Total # of Tanks 1
 Products per Nozzle 1

Tank Information	1	2			All Gas
1. Tank Product	Unleaded	Diesel			
2. Act Tank Capacity, Gallons	9816	9816			19632
3. Gasoline Volume in Tank (gallons)	3764	5300			9064
4. Tank Ullage (V) gallons (#2 - #3)	6052	4516			10568
Test Information	1	2	3	4	5
5. Start Time	1701				
6. Initial Pressure, inches H2O	2.00				
7. Pressure after 1 min, inches H2O	1.99				
8. Pressure after 2 min, inches H2O	1.97				
9. Pressure after 3 min, inches H2O	1.94				
10. Pressure after 4 min, inches H2O	1.91				
11. Pressure after 5 min, inches H2O	1.88				
12. Allowable Final Pressure	1.84				
13. Pass or Fail (Enter GF for Gross Fail)	Pass				

11-30-2016 Requested Test Date.
1300 Requested Test Time.
Manometer What type of pressure device used?
5 Enter flowmeter rate **F** (Must be 1 to 5 SCFM)

Calculate ullage fill time, **t2**

Calculate gross failure time (Twice **T2**)

$$T_2 = \frac{V}{(1522)F}$$

Phase II Vapor Riser Nitrogen introduction point. Phase 1 vapor coupler or Phase II vapor riser?

Tester: Kyle Lorrigan

Signature:

Test Date: 11-30-2016

6. Piping Sump Testing

Test Method Developed By:	<input type="radio"/> Piping Manufacturer <input checked="" type="radio"/> Industry Standard <input type="radio"/> Professional Engineer <input type="radio"/> Other (Specify)		
Test Method Used:	<input type="radio"/> Pressure <input type="radio"/> Vacuum <input checked="" type="radio"/> Hydrostatic <input type="radio"/> Other (Specify)		
Test Equipment Used:	Equipment Resolution:		
	Sump # 1	Sump # 2	Sump #
Sump Diameter:	36"	36"	
Sump Depth:	44"	44"	
Sump Material:	Poly	Poly	
Height from Tank Top to Top of Highest Piping Penetration:	12"	13"	
Height from Tank Top to Lowest Electrical Penetration:	4"	4"	
Condition of sump prior to testing:	Dry	Dry	
Portion of Sump Tested ¹	16"	17.5"	
Does turbine shut down when sump sensor detects liquid (both product and water)?*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Turbine shutdown response time:	na	na	
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Wait time between applying pressure/vacuum/water and starting test:	5 min.	5 min.	
Test Start Time:	1315	1310	
Initial Reading (R _i)	16"	17.5"	
Test End Time:	1415	1430	
Final Reading (R _f)	16"	17.5"	
Test Duration:	60 min.	60 min.	
Change in Reading (R _f -R _i)	0	0	
Pass/Fail Threshold or Criteria:	1/16"	1/16"	
Test Result:	<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
Was sensor removed for testing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Comments - (include information on repairs made prior to testing, and recommended follow-up failed tests)

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¹ If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LD-160)

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	<input type="radio"/> Piping Manufacturer <input checked="" type="radio"/> Industry Standard <input type="radio"/> Professional Engineer <input type="radio"/> Other (Specify)			
Test Method Used:	<input type="radio"/> Pressure <input type="radio"/> Vacuum <input checked="" type="radio"/> Hydrostatic <input type="radio"/> Other (Specify)			
Test Equipment Used:	Equipment Resolution:			
	UDC # 1/2	UDC # 3/4	UDC # 5/6	UDC # 7/8
UDC Manufacturer:	OPW	OPW	OPW	OPW
UDC Material:	Poly	Poly	Poly	Poly
UDC Depth:	27"	27"	27"	27"
Height from UDC Bottom to Top of Highest Piping Penetration:	9"	9.3"	9"	9.5"
Height from UDC Bottom to Lowest Electrical Penetration:	NA	NA	NA	NA
Condition of UDC prior to testing:	Dry	Dry	Dry	Dry
Portion of UDC Tested ¹	12"	11.3"	11"	11"
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Turbine shutdown response time:	N/A	N/A	N/A	N/A
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Wait time between applying pressure/vacuum/water and starting test:	5 min.	5 min.	5 min.	5 min.
Test Start Time:	1340	1350	1400	1410
Initial Reading (R _i)	12"	11.5"	11"	11"
Test End Time:	1440	1450	1500	1510
Final Reading (R _f)	12"	11.5"	11"	11"
Test Duration:	60 min.	60 min.	60 min.	60 min.
Change in Reading (R _f -R _i)	0	0	0	0
Pass/Fail Threshold or Criteria:	1/16"	1/16"	1/16"	1/16"
Test Result:	<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
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Comments - (include information on repairs made prior to testing, and recommended follow-up failed tests)

¹ If the entire depth of the udc is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LD-160)

Date Wednesday, November 30, 2016 State Facility # _____

Prepared for:

Casey's General Stores

3305 SE Delaware Ave / PO Box 3004
Ankeny IA 50021

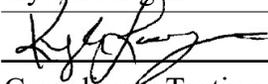
Site:

Casey's General Store #2579
302 E 1st St.
Alexandria IN 46001
T4071856

Tank Tightness Test Results

Tank #	Product	Size	Leak Status
1	Unleaded	10,000	Pass
2	Diesel	10,000	Pass

Operator Information:

Print Name Kyle Lorrigan
Sign Name 
Testing Firm Compliance Testing and Technology
Address W67 N250 Evergreen Blvd., Suite 100
Cedarburg WI 53012

Certification # 08-8856
Expiration Date: 8/20/2017
Telephone # (262) 292-2200

We have performed tank tightness testing utilizing the Estabrook Ezy 3 Locator Plus in conformation to US EPA protocol. This tank test method has been evaluated by Ken Wilcox Associates, Inc. and according to this firm's final report meets federal performance standards established by 40 CFR Part 280.40 and is capable of detecting a 0.1 gallon per hour leak rate with a 100% probability of detection and 1.6% probability of false alarm.

Date Wednesday, November 30, 2016 State ID # Owner Facility

Total Tank Vol. 9816 Tank # 1

Product Vol. 3764 Location Casey's General Store #2579

Ullage Vol. 6052 302 E 1st St.

Product Type Unleaded Alexandria IN46001

Pressure Sensor Calculation

<u>37.000</u>	X	<u>0.026</u>	=	<u>0.962</u>	PSI (1)
Inches of Product		Weight of Product			
<u>0.000</u>	X	<u>0.036</u>	=	<u>0.000</u>	PSI (2)
Water in Tank					
Line 1 + Line 2 = Total Positive Head Pressure in Tank			=	<u>0.962</u>	PSI (3)
<u>99.000</u>	X	<u>0.036</u>	=	<u>3.564</u>	PSI (4)
Water Outside Tank					
Total Head Pressure Minus Outside Water Pressure			=	<u>-2.602</u>	+/-PSI (5)
Always Add 0.5 psi			=	<u>-2.102</u>	PSI (6)
Note: If Line 6 is less than .5 PSI Line 7 shall be .5 PSI					
Test Pressure			=	<u>0.500</u>	+/-PSI (7)

Acoustic Test Time

	Time	Pressure
Blower Started:	<u>1551</u>	<u>0.000</u>
Test Pressure Reached:	<u>1558</u>	<u>1.109</u>
Blower Turned Off:	<u>1603</u>	<u>1.106</u>
Test Began:	<u>1604</u>	<u>1.101</u>
Test Ended:	<u>1606</u>	<u>1.058</u>

Depth of Groundwater Determined:

By: MW

Where: West end tank pit

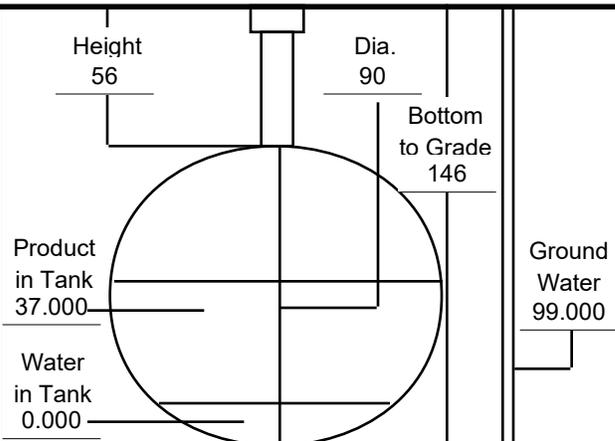
Water Sensor Calibration

Added: Cal #1 Cal #2 Cal #3

Average: _____

Calculation for Test Period:
 _____ / 3780 = _____ / .05 X 60 = _____
 Time of Tes

Water Intrusion Test Period
 Began: 1551
 Ended: 1606



Final Report

Date Wednesday, November 30, 2016 State ID # Owner Facility

Total Tank Vol. 9816 Tank # 1

Product Vol. 3764 Location Casey's General Store #2579

Ullage Vol. 6052 302 E 1st St.

Product Type Unleaded Alexandria IN 46001

THE ACOUSTIC CHARACTERISTIC OF A LEAK REVEALS:

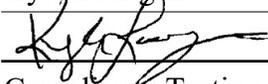
- Tight Tank**
This underground storage tank **PASSES** the criteria set forth by the U.S. EPA.
- Tight Line**
This underground product line **PASSES** the criteria set forth by the U.S. EPA.
- Tight Tank & Line**
This underground storage tank & line **PASSES** the criteria set forth by the U.S. EPA.
- Ullage (Dry) Portion Leak**
This underground storage tank or line **FAILS** the criteria set forth by the U.S. EPA.
- Below Product Level (Wet) Portion Leak**
This underground storage tank **FAILS** the criteria set forth by the U.S. EPA.
- Inconclusive - Additional Testing Required**

WATER SENSOR INDICATES: (CHECK ONLY ONE)

- No Water Intrusion Water Intrusion Not Applicable

Operator Information:

Print Name Kyle Lorrigan Certification # 08-8856

Sign Name  Expiration Date: 8/20/2017

Testing Firm Compliance Testing and Technology Telephone # (262) 292-2200

Address W67 N250 Evergreen Blvd., Suite 100

Cedarburg WI 53012

EQUIPMENT SERIAL NUMBERS & CALIBRATION EXPIRATION DATES:

	<u>Serial Number</u>	<u>Calibration Expiration Date</u>
Water Sensor Display	<u>D1534916</u>	<u>3/31/2017</u>
Water Sensor Probe	<u>P1434503</u>	<u>3/31/2017</u>
Acoustic Signal Processor	<u>E1305015</u>	<u>3/31/2017</u>
In-Tank Microphone	<u>M1449023</u>	<u>3/31/2017</u>
Pressure Sensor	<u>400280409</u>	<u>3/31/2017</u>

Date Wednesday, November 30, 2016 State ID # Owner Facility

Total Tank Vol. 9816 Tank # 2

Product Vol. 5300 Location Casey's General Store #2579

Ullage Vol. 4516 302 E 1st St.

Product Type Diesel Alexandria IN46001

Pressure Sensor Calculation

<u>48.000</u>	X	<u>0.031</u>	=	<u>1.488</u>	PSI (1)
Inches of Product		Weight of Product			
<u>0.000</u>	X	<u>0.036</u>	=	<u>0.000</u>	PSI (2)
Water in Tank					
Line 1 + Line 2 = Total Positive Head Pressure in Tank			=	<u>1.488</u>	PSI (3)
<u>99.000</u>	X	<u>0.036</u>	=	<u>3.564</u>	PSI (4)
Water Outside Tank					
Total Head Pressure Minus Outside Water Pressure			=	<u>-2.076</u>	+/-PSI (5)
Always Add 0.5 psi			=	<u>-1.576</u>	PSI (6)
Note: If Line 6 is less than .5 PSI Line 7 shall be .5 PSI					
Test Pressure			=	<u>0.500</u>	+/-PSI (7)

Acoustic Test Time

	Time	Pressure
Blower Started:	<u>1612</u>	<u>0.000</u>
Test Pressure Reached:	<u>1619</u>	<u>1.048</u>
Blower Turned Off:	<u>1624</u>	<u>1.046</u>
Test Began:	<u>1625</u>	<u>1.045</u>
Test Ended:	<u>1627</u>	<u>1.002</u>

Depth of Groundwater Determined:

By: MW

Where: West end tank pit

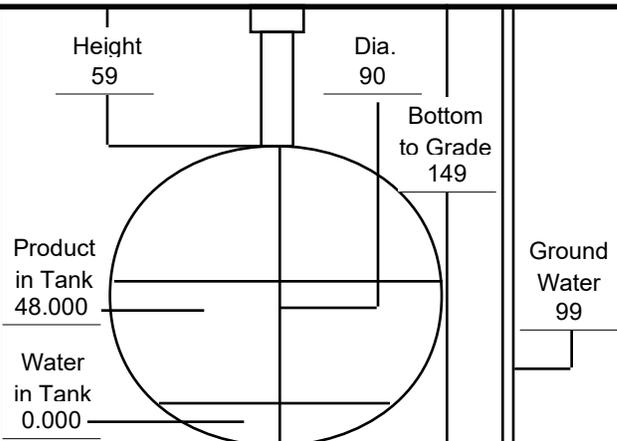
Water Sensor Calibration

Added: Cal #1 Cal #2 Cal #3

Average: _____

Calculation for Test Period:
 _____ / 3780 = _____ / .05 X 60 = _____
 Time of Tes

Water Intrusion Test Period
 Began: 1612
 Ended: 1627



Final Report

Date Wednesday, November 30, 2016 State ID # Owner Facility

Total Tank Vol. 9816 Tank # 2

Product Vol. 5300 Location Casey's General Store #2579

Ullage Vol. 4516 302 E 1st St.

Product Type Diesel Alexandria IN 46001

THE ACOUSTIC CHARACTERISTIC OF A LEAK REVEALS:

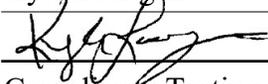
- Tight Tank**
This underground storage tank **PASSES** the criteria set forth by the U.S. EPA.
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This underground product line **PASSES** the criteria set forth by the U.S. EPA.
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This underground storage tank & line **PASSES** the criteria set forth by the U.S. EPA.
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- Below Product Level (Wet) Portion Leak**
This underground storage tank **FAILS** the criteria set forth by the U.S. EPA.
- Inconclusive - Additional Testing Required**

WATER SENSOR INDICATES:
(CHECK ONLY ONE)

- No Water Intrusion Water Intrusion Not Applicable

Operator Information:

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Pressure Sensor	<u>400280409</u>	<u>3/31/2017</u>