

RCRA Subtitle I Inspection Report

UST Compliance Inspection

**Easton Point
930 Port Street
Easton, MD 21601**

Telephone Number: (410) 310-3553

Date of Inspection: June 13, 2018

Facility Identification Number: 1656

EPA Representative: Melissa Toffel

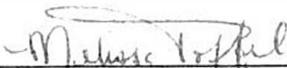
Facility Representatives & Contacts: Tim Miller, Owner & Operator

Tank/Property Owner: 930 Port Street, Inc. dba Commercial Fuel Systems, Inc.

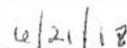
Contact: Tim Miller

Email: tmiller@nationalpremiumbeer.com

P: (410) 310-3553



Melissa Toffel



Date

Background

On June 13, 2018, the United States Environmental Protection Agency (EPA) Region III, Office of Land Enforcement, represented by Melissa Toffel, conducted a Compliance Evaluation Inspection (CEI) of the Easton Point facility located at 930 Port Street in Easton, Maryland, to determine the extent of compliance with Subtitle I of the Resource Conservation and Recovery Act (RCRA).

Inspection Observations

Inspection Procedures. Melissa Toffel contacted the owner, Tim Miller, one week prior to the inspection to ensure that a representative would be present for the inspection. Ms. Toffel spoke to Mr. Miller, and was told that he would be there to assist. Thus, the inspection proceeded on June 13, 2018. Upon arrival at the facility, credentials were presented to Mr. Miller, and the scope and purpose of the inspection were explained. Mr. Miller was there to assist with the opening of lids/covers and to help answer questions and provide records that were requested. After completing the inspection, Melissa Toffel completed the Region III Underground Storage Tank (UST) Compliance Checklist, which is included as **Attachment 1** to this report.

Tank Descriptions. Easton Point has four (4) USTs (one of which is compartmentalized) which are being used to store regulated substances, all of which are petroleum-based products (see **Table 1**). According to information provided by the Maryland Department of the Environment (MDE), and observations made on-site, all the USTs are constructed of single-walled cathodically-protected steel with single-walled fiberglass-reinforced plastic piping. Three (3) of the USTs were installed in January 1994, and one (1) was installed in January 1995 (see **Attachment 2**).

Table 1.
UST & Piping Details for Easton Point

Tank #	Material Stored	Capacity (gal.)	Installation Date	Tank Construction Material	Piping Construction Material
1*	93 Octane (prem ethanol)	4,000	1/94	SW** Cathodically-protected steel	SW FRP***
2	Off-road diesel	4,000	1/94	SW Cathodically-protected steel	SW FRP
3	On-road diesel	8,000	1/94	SW Cathodically-protected steel	SW FRP
4	91 Octane (prem non-ethanol)	8,000	1/94	SW Cathodically-protected steel	SW FRP
5	87 Octane (regular)	8,000	1/95	SW Cathodically-protected steel	SW FRP

* Tanks 1 and 2 are compartments of one large 8,000g tank

** SW = single-walled

*** FRP = fiberglass-reinforced plastic

Tank Release Detection. Releases from the tanks are monitored by a Veeder-Root TLS-350 Plus system that conducts Automatic Tank Gauging (ATG). Specifically, the Veeder-Root is running .2gph testing on the USTs as the primary method of tank release detection. Alarms appear on the

ATG monitor, and at the time of inspection “T2: LOW PRODUCT ALARM” and “T2: DELIVERY NEEDED” was displayed.

When asked for the last 12 months of tank release detection records, Mr. Miller was only able provide records for the months of May and June 2018 (see **Attachment 3**). For May 2018, a test could not be conducted on Tank 3 due to a low level of product, but the rest of the tanks received passing results. In June 2018, Tanks 1 and 5 passed testing, but Tanks 2, 3, and 4 could not pass testing due to low product.

Current Tank Setup reports, and other additional information, was pulled from the Veeder-Root at the time of the inspection (see **Attachment 3**). An Alarm History Report showed recent paper and printer alarms. The facility also provided a recent Tank Monitoring System Certification from Clean Fuels, dated 3/23/18 (see **Attachment 4**).

Piping Release Detection. The piping for all of the USTs is pressurized, as verified from information provided by MDE, as well as what was viewed on-site during the inspection. Mechanical Line Leak Detectors (LLDs) were viewed in the sumps for all the tanks. When asked for the most recent documentation of LLD functionality testing, Mr. Miller provided paperwork to show that all the LLDs had been tested on 3/23/18, and all five (5) passed. A test dated 6/27/16 was provided also, and showed that three (3) LLDs were tested at that time (T2 Pass, T4 Pass, T5 Fail) but two (2) could not be. Notes on the paperwork show that Tank 1 and Tank 3 had “issues with pulling fuel.” (See **Attachment 4**)

For secondary piping release detection, the facility is having Line Tightness Testing (LTT) performed. LTT records were provided dated 3/23/18, and showed that all passed. LTT dated 6/27/16 was also provided and showed that Tanks 2, 4, and 5 passed, but Tanks 1 and 3 were not tested at that time. (See **Attachment 4**)

All the piping at the facility is single-walled so sump sensors are not in use.

Spill/Overfill. All the tanks are equipped with spill buckets. A small amount of liquid was seen in the spill bucket for Tank 4. Cutoff valves did not appear to be installed for any of the tanks, and no audible/visual alarm is in place for overfill prevention. When asked what method of overfill protection is used, Mr. Miller stated they may have ball floats, but this could not be verified during the inspection.

Cathodic Protection. An Impressed Current System is being utilized for cathodic protection (CP) of the tanks. Mr. Miller was asked to provide documentation of the last two (2) tests of the CP system. Documentation of testing of the flex connectors was provided, dated 3/8/18, all passing. CP testing records from 2/1/18 were also provided, for all the tanks, and showed all passing results. Documentation was also provided for testing of the flex connectors and the tanks on 6/17/16, and all showed passing results. (See **attachment 5**) Readings of the rectifier are being recorded monthly, and the most recent readings for 2018 was observed.

Financial Responsibility. The facility maintains release coverage through a policy provided by Colony Insurance Company. The current active policy was provided showing dates of coverage to be 9/20/17 to 9/20/18. The schedule attached noted all of the USTs. (See **Attachment 6**)

Attachments

1. Region III UST Compliance Checklist
2. MDE UST Registration Information
3. Veeder-Root Printouts
4. LLD/LTT Records
5. Cathodic Protection Testing
6. Financial Responsibility
7. Photo Log

Attachment 1. Region III UST Compliance Checklist

Leak Detection Inspection

I. Ownership of Tank(s)

930 Port Street, Inc. dba Commercial Fuel Systems, Inc.
28102 Baileys Neck Road, Easton MD 21601

II. Location of Tank(s)

Easton Point
930 Port Street, Easton MD 21601
Number of Tanks at This Location: 4 (1 is compartmentalized)

III. Tank Information

Complete for each tank. If facility has more than 4 tanks, photocopy page and complete information for additional tanks.

Tank presently in use (circle)	VR Numbering	1 Tank 1	2 Tank 2	3 Tank 3	4 Tank 4	5 Tank 5
If not, date last used		-	-	-	-	-
If emptied, verify 1" or less of product in tank		-	-	-	-	-
Month and Year Tank Installed		1/94	1/94	1/94	1/94	1/95
Material of Construction tank/pipe		sw CP steel / sw FRP	sw CP steel / sw FRP	sw CP steel / sw FRP	sw CP steel / sw FRP	sw CP steel / sw FRP
Capacity of Tank (in gallons)		4,000	4,000	8,000	8,000	8,000
Substance Stored		93 Octane (prem ethanol)	off-Rd diesel	On-Rd Diesel	91 Octane (prem non-ethanol)	87 Octane (Regular)

IV.A. Release Detection For Tanks

Check the release detection method(s) used for each tank or N/A if none required.

Manual Tank Gauging (tanks under 1,000 gal.)					
Manual Tank Gauging and Tank Tightness Testing (tanks under 2,000 gal.)					
Tank Tightness Testing and Inventory Control					
Automatic Tank Gauging	✓	✓	✓	✓	✓
Vapor, Groundwater or Interstitial Monitoring					
Other approved method (SIR)					

IV.B. Release Detection For Piping

Check the release detection method(s) used for piping.

Check Pressurized (P) or Suction (S) Piping for each tank	P	P	P	P	P
Automatic Line Leak Detectors, <u>and</u> check one	✓	✓	✓	✓	✓
Vapor or Groundwater Monitoring					
Secondary Containment with Monitoring					
Line Tightness Testing	✓	✓	✓	✓	✓

I Melissa Toffel (print name) certify that I have inspected the above named facility on 4/13/18 month/day/year

Inspector's Signature: Melissa Toffel

Date: 4/20/18

Leak Detection for Piping

Pressurized Piping A method must be selected from each set. Where applicable indicate date of last test. If this facility has more than 4 tanks, please photocopy this page and complete information for all additional piping.

Set 1	1 Tank 1	2 Tank 2	3 Tank 3	4 Tank 4	5 Tank 5
Automatic Flow Restrictor mLLDs	✓	✓	✓	✓	✓
Automatic Shut-off Device					
Continuous Alarm System					
and					

Set 2					
Annual Line Tightness Testing	✓	✓	✓	✓	✓
Interstitial Monitoring					
If Interstitial Monitoring, documentation of monthly monitoring is available					
Ground-Water or Vapor Monitoring					
If Ground-Water or Vapor Monitoring, documentation of monthly monitoring is available					
Other Approved Method (specify in comments section)					

Suction Piping. - N/A Indicate date of most recent test.

Line Tightness Testing (required every 3 years)				
Secondary Containment with Interstitial Monitoring				
Ground-Water or Vapor Monitoring				
Other Approved Method (specify in comments section)				

No Leak Detection Required
(must answer yes to all of the following questions)

Operates at less than atmospheric pressure

Has only one check valve, which is located directly under pump

Slope of piping allows product to drain back into tank when suction released

All above information on suction piping is verifiable

On the back of this sheet, please sketch the site, noting all piping runs, tanks (including size and substances stored) and location of wells and their distance from tanks and piping.

Comments: Facility provided LLD's LTT documentation dated 3/23/18 for all 5 tanks all with Pass results. Facility also provided testing records dated 4/27/16, at that time 3 LLDs were tested (T2-P, T5-F) but 2 could not be (T1, T3, "issues with pulling fuel"). LTT on 4/27/16 (T2, T4, T5 - Pass), T1 & T3 were not tested at that time.

Inspector's Signature: Mein. Toppel Date: 4/20/18

Leak Detection Inspection

I. Ownership of Tank(s)

930 Port Street, Inc. dba Commercial Fuel Systems, Inc.
28102 Baileys Neck Road, Easton MD 21601

II. Location of Tank(s)

Easton Point
930 Port Street, Easton MD 21601
Number of Tanks at This Location: 4 (1 is compartmentalized)

III. Tank Information

Complete for each tank. If facility has more than 4 tanks, photocopy page and complete information for additional tanks.

	VR Numbering	1 Tank 1	2 Tank 2	3 Tank 3	4 Tank 4	5 Tank 5
Tank presently in use (circle)		1	2	3	4	5
If not, date last used		-	-	-	-	-
If emptied, verify 1" or less of product in tank		-	-	-	-	-
Month and Year Tank Installed		1/94	1/94	1/94	1/94	1/95
Material of Construction tank/pipe		sw CP steel / sw FRP	sw CP steel / sw FRP	sw CP steel / sw FRP	sw CP steel / sw FRP	sw CP steel / sw FRP
Capacity of Tank (in gallons)		4,000	4,000	8,000	8,000	8,000
Substance Stored		93 Octane (prem ethanol)	off-Rd diesel	On-Rd Diesel	91 Octane (prem non-ethanol)	87 Octane (Regular)

IV.A. Release Detection For Tanks

Check the release detection method(s) used for each tank or N/A if none required.

Manual Tank Gauging (tanks under 1,000 gal.)					
Manual Tank Gauging and Tank Tightness Testing (tanks under 2,000 gal.)					
Tank Tightness Testing and Inventory Control					
Automatic Tank Gauging	✓	✓	✓	✓	✓
Vapor, Groundwater or Interstitial Monitoring					
Other approved method (SIR)					

IV.B. Release Detection For Piping

Check the release detection method(s) used for piping.

Check Pressurized (P) or Suction (S) Piping for each tank	P	P	P	P	P
Automatic Line Leak Detectors, <u>and</u> check one	✓	✓	✓	✓	✓
Vapor or Groundwater Monitoring					
Secondary Containment with Monitoring					
Line Tightness Testing	✓	✓	✓	✓	✓

I Melissa Toffel (print name) certify that I have inspected the above named facility on 4/13/18 month/day/year
 Inspector's Signature: Melissa Toffel Date: 4/20/18

Inventory Control and Tank Tightness Testing

Method of tank tightness testing: * See comments below

Address of tank tightness tester: _____

Please complete all information for each tank

If this facility has more than 4 tanks, please photocopy this page and complete the information for all additional tanks.

	Tank 1	Tank 2	Tank 3	Tank 4
Date of last tank tightness test.				
Did tank pass test? Indicate yes or no. If no, specify in comments section below the status of the tank or what actions have been taken (e.g., has state been notified?)				
Documentation of deliveries and sales balances with daily measurements of liquid volume in tank are maintained and available.				
Overages or shortages are less than 1% + 130 gals of tank's flow-through volume.				
If no, which months were not?				

Please answer yes or no for each question

Owner/operator can explain inventory control methods and figures used and recorded.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Records include monthly water monitoring.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tank inventory reconciled before and after fuel delivery.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Books are reconciled monthly.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Appropriate calibration chart is used for calculating volume.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dispenser pumps are calibrated to within 6 cubic inches per five gallons.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The drop tube in the fill pipe extends to within one foot of tank bottom.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Owner can demonstrate consistency in dipsticking techniques.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The dipstick is long enough to reach the bottom of the tank.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The ends of the gauge stick are flat and not worn down.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The dipstick is marked legibly & the product level can be determined to the nearest 1/8th inch.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The tank has been tested within the year & has passed the tightness test (if necessary).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A third-party certification of the tank tightness test method is available.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tank tester complied with all certification requirements.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Monitoring and testing are maintained and available for the past 12 months.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comments: * MBE requires I.C., but this method is not being utilized as the primary method of tank release detection.

Inspector's Signature: Michael Topfel

Date: 6/20/18

Manual Tank Gauging - N/A

Manual tank gauging may be used as the sole method of leak detection only for tanks of 1,000 gal. or fewer or in combination with tank tightness testing for tanks of up to 2,000 gal.

Please indicate the number of the tank or tanks for which manual tank gauging is used as the main leak detection method (e.g., tanks 1 & 4): _____

Please answer yes or no for each question

Records show liquid level measurements are taken at beginning and end of period of at least ([Circle one] 36, 44, 58) hours during which no liquid is added to or removed from the tank.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Level measurements are based on average of two consecutive stick readings at both beginning and end of period.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Monthly average of variation between beginning and end measurements is less than standard shown below for corresponding size and dimensions of tank and waiting time.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gauge stick is long enough to reach bottom of the tank. Ends of gauge stick are flat and not worn down.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gauge stick is marked legibly and product level can be determined to the nearest one-eighth of an inch.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
MTG is used as sole method of leak detection for tank.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
MTG is used in conjunction with tank tightness testing.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all tanks for which MTG is used under 2,000 gallons in capacity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are monitoring records available for the last 12 month period?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Check One:	Nominal Tank Capacity (in gallons)	Tank Dimensions	Monthly Standard (in gallons)	Minimum Test Duration
()	110-550	N/A	5	36 hours
()	551 - 1,000*	N/A	7	36 hours
()	1,000*	64" diameter x 73" length	4	44 hours
()	1,000*	48" diameter x 128" length	6	58 hours
()	1,001 - 2,000*	N/A	13	36 hours

* Manual tank gauging must be used in combination with tank tightness testing for tanks over 550 gal. and up to 2,000 gal.

Comments: _____

Inspector's Signature: Melissa Taffel Date: 6/20/18

Inventory Control and Tank Tightness Testing

Method of tank tightness testing: * See comments below

Address of tank tightness tester: _____

Please complete all information for each tank

If this facility has more than 4 tanks, please photocopy this page and complete the information for all additional tanks.

	Tank 1	Tank 2	Tank 3	Tank 4
Date of last tank tightness test.				
Did tank pass test? Indicate yes or no. If no, specify in comments section below the status of the tank or what actions have been taken (e.g., has state been notified?)				
Documentation of deliveries and sales balances with daily measurements of liquid volume in tank are maintained and available.				
Overages or shortages are less than 1% + 130 gals of tank's flow-through volume.				
If no, which months were not?				

Please answer yes or no for each question

Owner/operator can explain inventory control methods and figures used and recorded.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Records include monthly water monitoring.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tank inventory reconciled before and after fuel delivery.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Books are reconciled monthly.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Appropriate calibration chart is used for calculating volume.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dispenser pumps are calibrated to within 6 cubic inches per five gallons.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The drop tube in the fill pipe extends to within one foot of tank bottom.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Owner can demonstrate consistency in dipsticking techniques.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The dipstick is long enough to reach the bottom of the tank.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The ends of the gauge stick are flat and not worn down.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The dipstick is marked legibly & the product level can be determined to the nearest 1/8th inch.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The tank has been tested within the year & has passed the tightness test (if necessary).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A third-party certification of the tank tightness test method is available.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tank tester complied with all certification requirements.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Monitoring and testing are maintained and available for the past 12 months.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comments: * MDE requires I.C., but this method is not being utilized as the primary method of tank release detection.

Inspector's Signature: Melissa Topfel

Date: 6/20/18

Automatic Tank Gauging

Manufacturer, name and model number of system: Veeder-Root TLS-350 Plus

Please answer yes or no for each question

Device documentation is available at site (e.g., manufacturer's brochures, owner's manual). <i>unknown</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Device can measure height of product to nearest one-eighth of an inch.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Documentation shows that water in bottom of tank is checked monthly to nearest one-eighth of an inch. <i>unknown</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Documentation is available that the ATG was in test mode a minimum of once a month.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Checked for presence of gauge in tanks.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Checked for presence of monitoring box and evidence that device is working (i.e., device is equipped with roll of paper for results documentation).	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Owner/operator has documentation on file verifying method meets minimum performance standards of .20 gph with probability of detection of 95% and probability of false alarm of 5% for automatic tank gauging (e.g., results sheets under EPA's "Standard Test Procedures for Evaluating Leak Detection Methods").	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Checked documentation that system was installed, calibrated, and <u>maintained</u> according to manufacturer's instructions. *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Maintenance records are available upon request.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Monthly testing records are available for the past 12 months.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Daily monitoring records are available for the past 12 months (if applicable).	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Comments: * Tank Monitoring System Certification dated 3/23/18 provided by the facility.
 - 2 gph testing being conducted. Only records for 5/18 & 6/18 provided (see attachment for results).

Inspector's Signature: Melissa Toffel

Date: 6/20/18

Spill/Overfill Prevention

	Tank 1 ^{1/2}	Tank 2	Tank 3	Tank 4
Are all tank transfers less than 25 gallons?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Spill Prevention				
Is there a spill bucket (at least 5 gallons) or another device that will prevent release of product to the environment (such as a dry disconnect coupling)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Overfill Prevention *				
What device is used to prevent tank from being overfilled?				
Ball float valve	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Butterfly valve (in fill pipe)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Automatic alarm monitoring is used	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Other alarm system	Yes <input type="checkbox"/> No <input type="checkbox"/>			

**

DOES THE FACILITY HAVE A FINANCIAL ASSURANCE MECHANISM? YES NO (PROVIDE COMMENTS AS TO COMPLIANCE STATUS FOR 40 C.F.R. PART 280 SUBPART H.)

Cathodic Protection ***

	Tank 1	Tank 2	Tank 3	Tank 4
Sacrificial Anode System				
Test results show a negative voltage of at least 0.85 Volts (using the tank and a copper/copper sulfate cell)?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
The last two test results are available. (Tests are required every three years.)	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Impressed Current				
Rectifier is on 24 hours a day? <i>Unknown</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
The last two test results are available? (Tests are required every 60 days.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Test results show a negative voltage of at least 0.85 Volts (using the tank and a copper/copper sulfate cell)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

Comments: * Overfill could not be verified in the field.

** Policy thru Colony Insurance Co., good from 9/20/17 - 9/20/18

*** CP testing on 3/8/18 on Flex connectors only - all PASS
 CP testing on 2/1/18 on the tanks - all PASS
 CP testing on 4/17/16 on Flex connectors ~~only~~ - all PASS
AND tanks

Inspector's Signature: *Melanie Tappin* Date: 4/20/18

Automatic Tank Gauging

Manufacturer, name and model number of system: Veeder-Root TLS-350 Plus

Please answer yes or no for each question

Device documentation is available at site (e.g., manufacturer's brochures, owner's manual). <i>unknown</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Device can measure height of product to nearest one-eighth of an inch.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Documentation shows that water in bottom of tank is checked monthly to nearest one-eighth of an inch. <i>unknown</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Documentation is available that the ATG was in test mode a minimum of once a month.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Checked for presence of gauge in tanks.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Checked for presence of monitoring box and evidence that device is working (i.e., device is equipped with roll of paper for results documentation).	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Owner/operator has documentation on file verifying method meets minimum performance standards of .20 gph with probability of detection of 95% and probability of false alarm of 5% for automatic tank gauging (e.g., results sheets under EPA's "Standard Test Procedures for Evaluating Leak Detection Methods").	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Checked documentation that system was installed, calibrated, and <u>maintained</u> according to manufacturer's instructions. *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Maintenance records are available upon request.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Monthly testing records are available for the past 12 months.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Daily monitoring records are available for the past 12 months (if applicable).	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Comments: * Tank Monitoring System Certification dated 3/23/18 provided by the facility.
.2 gph testing being conducted. Only records for 5/18 - 6/18 provided (see attachment for results).

Inspector's Signature: Melanie Toppel

Date: 6/20/18

Site Sketch/Photo Log

See attached site diagram
provided by the facility.

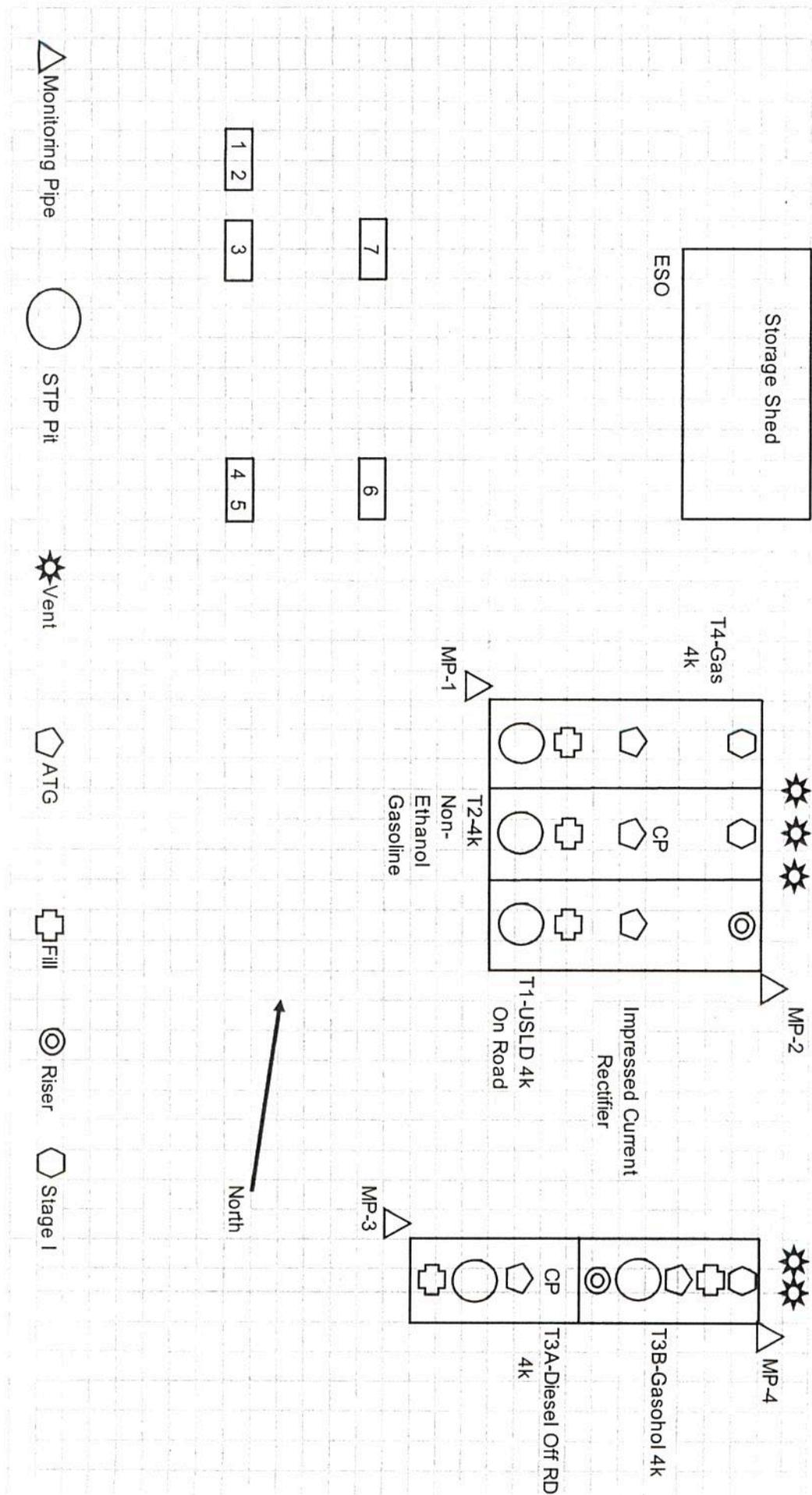
MTT

6/20/18

Commercial Fuel Systems Inc.
 930 Port Street
 Easton, MD 21601

Clean Fuels Associates, Inc.
 Kyle Nelson

MDE Facility 1656



Monitoring Pipe

STP Pit

Vent

ATG

Fill

Riser

Stage I

Attachment 2. MDE Facility Summary

Facility Summary for Facility ID #1656

Owner Name and Address:

930 Port Street, Inc.
28102 Baileys Neck Road Easton, MD 21601
Tim Miller (410) 310-3553

Owner Type: Commercial

Facility ID	County	Location Name	Location Street Address	Location City	ZIP
1656	Talbot	Commercial Fuel Systems, Inc.	930 Port Street	Easton	21601

Tank ID	Date Installed	Product	Tank Mat'l of Construction	Piping Material	Primary - Tank Release Detection	CP	RD	FR
Status	Age (Yr)	Total Capacity	Secondary Option	Secondary Option	Primary - Piping Release Detection	Over	Spill	
Closure Status	Closure Date	Compartment		Piping Type	Sec - Interstitial Monitoring Tank/Piping	Mntd	EG	B/HO
1	01/01/1994	Diesel	Cathodically Protected Steel (CP Steel - Impressed Current)	Fiberglass Reinforced Plastic	E	Yes	Yes	Yes
Currently In Use		8,000	None	None	I	Yes	Yes	
				Pressurized	No/No	No	No	No
2	01/01/1994	Gasoline	Cathodically Protected Steel (CP Steel - Impressed Current)	Fiberglass Reinforced Plastic	E	Yes	Yes	Yes
Currently In Use		8,000	None	None	I	Yes	Yes	
				Pressurized	No/No	No	No	No
3A	01/01/1994	Diesel	Cathodically Protected Steel (CP Steel - Impressed Current)	Fiberglass Reinforced Plastic	E	Yes	Yes	Yes
Currently In Use		8,000	None	None	I	Yes	Yes	
				Pressurized	No/No	No	No	No
3B	01/01/1994	Gasohol	Cathodically Protected Steel (CP Steel - Impressed Current)	Fiberglass Reinforced Plastic	E	Yes	Yes	Yes
Currently In Use		8,000	None	None	I	Yes	Yes	
				Pressurized	No/No	No	No	No
4	01/01/1995	Gasohol	Cathodically Protected Steel (CP Steel - Impressed Current)	Fiberglass Reinforced Plastic	E	Yes	Yes	Yes
Currently In Use		8,000	None	None	I	Yes	Yes	
				Pressurized	No/No	No	No	No

Tank/Piping Release Detection Codes

A	B	C	D	E	F
Manual Tank Gauging	Tank Tightness Testing	Inventory Control	ATG/Auto Line LD	ATG 0.2 GPH Test	Safe Suction
Gravity Feed	Elect ALLD Testing 0.2 GPH	Line Tightness Annual	Line Tightness Every 2 Yrs.	Vapor monitoring	Groundwater monitoring
Inventory SIR	Interstit. Dbl-wall Monitor	Interstit. Sec. Con. Monitor	Other method	Deferred	Not listed
N/A	Heating Oil/Emergency Generator				

Tank/Piping Codes

CP	Over	Mntd	FR
Corrosion Protection Met	Overfill Protected	Manifold	Financial Responsibility Met
RD	Spill	EG	B/HO
Release Detection Met	Spill Protected	Emergency Power Generation	Bulk Heating Oil

Report Generation Date: 5/23/2018

Page 1 of 2

Facility Summary for Facility ID #1656

Owner Name and Address: 930 Port Street, Inc.
 28102 Baileys Neck Road Easton, MD 21601
 Tim Miller (410) 310-3553

Owner Type: Commercial

Facility ID	County	Location Name	Location Street Address	Location City	Zip
1656	Talbot	Commercial Fuel Systems, Inc.	930 Port Street	Easton	21601

Tank ID	Date Installed	Product	Tank Mat'l of Construction	Piping Material	Primary - Tank Release Detection	CP	RD	FR
Status	Age (yr)	Total Capacity	Secondary Option	Secondary Option	Primary - Piping Release Detection	Over	Spill	
Closure Status	Closure Date	Compartment		Piping Type	Sec - Interstitial Monitoring Tank/Piping	Mntd	EG	B/HO
5	01/01/1983	Used Oil	Asphalt Coated or Bare Steel	Bare or Galvanized Steel	R	No	No	Yes
		550	None	None	G	No	No	
		Permanently Out Of Use		Gravity Feed	No/No	No	No	No
		Tank removed from ground	8/1/2008					

Total Tanks: 5

Tank/Piping Release Detection Codes

Code	Description
A	Manual Tank Gauging
B	Tank Tightness Testing
C	Inventory Control
D	ATG/Auto Line LD
E	ATG 0.2 GPH Test
F	Safe Suction
G	Gravity Feed
H	Elect ALLD Testing 0.2 GPH
I	Line Tightness Annual
J	Line Tightness Every 2 Yrs.
K	Vapor monitoring
L	Groundwater monitoring
M	Inventory SIR
N	Interstit. Dbl-wall Monitor
O	Interstit. Sec. Con. Monitor
P	Other method
Q	Deferred
R	Not listed
N/A	Heating Oil/Emergency Generator

Tank/Piping Codes

Code	Description	Code	Description	Code	Description
CP	Corrosion Protection Met	Over	Overflow Protected	Mntd	Manifold
RD	Release Detection Met	Spill	Spill Protected	EG	Emergency Power Generation
				FR	Financial Responsibility Met
				B/HO	Bulk Heating Oil

Report Generation Date: 5/23/2018

Page 2 of 2

Facility Summary for Facility ID #1656

Owner Name and Address: 930 Port Street, Inc.
 28102 Baileys Neck Road Easton, MD 21601
 Tim Miller (410) 310-3553

Owner Type: Commercial

Facility ID	County	Location Name	Location Street Address	Location City	Zip
1656	Talbot	Commercial Fuel Systems, Inc.	930 Port Street	Easton	21601

Tank ID	Date Installed	Product	Tank Mat'l of Construction	Piping Material	Primary - Tank Release Detection	CP	RD	FR
Status	Age (yr)	Total Capacity	Secondary Option	Secondary Option	Primary - Piping Release Detection	Over	Spill	
Closure Status	Closure Date	Compartment		Piping Type	Sec - Interstitial Monitoring Tank/Piping	Mnfd	EG	B/HO
1	01/01/1994	Diesel	Cathodically Protected Steel (CP Steel - Impressed Current)	Fiberglass Reinforced Plastic	E	Yes	Yes	Yes
Currently In Use		8,000	None	None	I	Yes	Yes	
				Pressurized	No/No	No	No	No
2	01/01/1994	Gasoline	Cathodically Protected Steel (CP Steel - Impressed Current)	Fiberglass Reinforced Plastic	E	Yes	Yes	Yes
Currently In Use		8,000	None	None	I	Yes	Yes	
				Pressurized	No/No	No	No	No
3A	01/01/1994	Diesel	Cathodically Protected Steel (CP Steel - Impressed Current)	Fiberglass Reinforced Plastic	E	Yes	Yes	Yes
Currently In Use		8,000	None	None	I	Yes	Yes	
		4,000		Pressurized	No/No	No	No	No
3B	01/01/1994	Gasohol	Cathodically Protected Steel (CP Steel - Impressed Current)	Fiberglass Reinforced Plastic	E	Yes	Yes	Yes
Currently In Use		8,000	None	None	I	Yes	Yes	
				Pressurized	No/No	No	No	No
4	01/01/1995	Gasohol	Cathodically Protected Steel (CP Steel - Impressed Current)	Fiberglass Reinforced Plastic	E	Yes	Yes	Yes
Currently In Use		8,000	None	None	I	Yes	Yes	
				Pressurized	No/No	No	No	No

Tank/Piping Release Detection Codes

A Manual Tank Gauging	B Tank Tightness Testing	C Inventory Control	D ATG/Auto Line LD	E ATG 0.2 GPH Test	F Safe Suction
G Gravity Feed	H Elect ALLD Testing 0.2 GPH	I Line Tightness Annual	J Line Tightness Every 2 Yrs.	K Vapor monitoring	L Groundwater monitoring
M Inventory SIR	N Interstit. Dbl-wall Monitor	O Interstit. Sec. Con. Monitor	P Other method	Q Deferred	R Not listed
N/A Heating Oil/Emergency Generator					

Tank/Piping Codes

CP Corrosion Protection Met	Over Overfill Protected	Mnfd Manifold	FR Financial Responsibility Met
RD Release Detection Met	Spill Spill Protected	EG Emergency Power Generation	B/HO Bulk Heating Oil

Attachment 3. Veeder-Root Printouts

930 PORT ST
EASTON MD 21601

SYSTEM SETUP

JUN 13, 2018 4:25 PM

JUN 13, 2018 4:25 PM

SYSTEM UNITS

U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS XM

SYSTEM STATUS REPORT

T 2:LOW PRODUCT ALARM

930 PORT ST
EASTON MD 21601

T 2:DELIVERY NEEDED

INVENTORY REPORT

SHIFT TIME 1 : 12:00 AM
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

T 1:93 OCTANE 4000

VOLUME = 2444 GALS
ULLAGE = 1591 GALS
90% ULLAGE= 1187 GALS
TC VOLUME = 2434 GALS
HEIGHT = 49.00 INCHES
WATER VOL = 15 GALS
WATER = 1.47 INCHES
TEMP = 65.4 DEG F

TANK PER TST NEEDED WRN
DISABLED
TANK ANN TST NEEDED WRN
DISABLED

LINE RE-ENABLE METHOD
PASS LINE TEST

T 2:OFF ROAD DIESEL 4000

VOLUME = 267 GALS
ULLAGE = 3768 GALS
90% ULLAGE= 3364 GALS
TC VOLUME = 266 GALS
HEIGHT = 9.91 INCHES
WATER VOL = 5 GALS
WATER = 0.72 INCHES
TEMP = 66.1 DEG F

LINE PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TO VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F) : 60.0
STICK HEIGHT OFFSET
DISABLED

T 3:DIESEL ON ROAD

VOLUME = 2112 GALS
ULLAGE = 5948 GALS
90% ULLAGE= 5142 GALS
TC VOLUME = 2102 GALS
HEIGHT = 25.90 INCHES
WATER VOL = 25 GALS
WATER = 1.28 INCHES
TEMP = 66.5 DEG F

H-PROTOCOL DATA FORMAT
HEIGHT
DAYLIGHT SAVING TIME
ENABLED
START DATE
APR WEEK 1 SUN
START TIME
2:00 AM
END DATE
OCT WEEK 6 SUN
END TIME
2:00 AM

RE-DIRECT LOCAL PRINTOUT
DISABLED

EURO PROTOCOL PREFIX
S

T 4:NON ETHANOL 91 OCTAN

VOLUME = 1795 GALS
ULLAGE = 6265 GALS
90% ULLAGE= 5459 GALS
TC VOLUME = 1787 GALS
HEIGHT = 23.05 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 66.0 DEG F

SYSTEM SECURITY
CODE : 000000

TANK CHART SECURITY
DISABLED

CUSTOM ALARMS
DISABLED

T 5:87 OCTANE 8000

VOLUME = 1885 GALS
ULLAGE = 6175 GALS
90% ULLAGE= 5369 GALS
TC VOLUME = 1877 GALS
HEIGHT = 23.86 INCHES
WATER VOL = 12 GALS
WATER = 0.78 INCHES
TEMP = 65.0 DEG F

SYSTEM BEEPER
DISABLED

MASS/DENSITY
DISABLED

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 1 (RS-232)
BAUD RATE : 1200
PARITY : ODD
STOP BIT : 1 STOP
DATA LENGTH: 7 DATA
RS-232 SECURITY
CODE : *****

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT
DISABLED
AUTO HIGH WATER LIMIT
DISABLED
AUTO OVERFILL LIMIT
DISABLED
AUTO LOW PRODUCT
DISABLED
AUTO THEFT LIMIT
DISABLED
AUTO DELIVERY START
DISABLED
AUTO DELIVERY END
DISABLED
AUTO EXTERNAL INPUT ON
DISABLED
AUTO EXTERNAL INPUT OFF
DISABLED
AUTO SENSOR FUEL ALARM
DISABLED
AUTO SENSOR WATER ALARM
DISABLED
AUTO SENSOR OUT ALARM
DISABLED

RS-232 END OF MESSAGE
DISABLED

***** END *****

IN-TANK SETUP

T 1:93 OCTANE 4000
PRODUCT CODE : 1
THERMAL COEFF : .000700
TANK DIAMETER : 84.00
TANK PROFILE : 1 PT
FULL VOL : 4035

FLOAT SIZE: 4.0 IN.

WATER WARNING : 0.0
HIGH WATER LIMIT: 2.5

MAX OR LABEL VOL: 4035
OVERFILL LIMIT : 90%
3631
HIGH PRODUCT : 95%
3833
DELIVERY LIMIT : 10%
403

LOW PRODUCT : 500
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 0%
0

LEAK MIN ANNUAL : 0%
0

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN
PUMP THRESHOLD : 10.00%

T 2:OFF ROAD DIESEL 4000
PRODUCT CODE : 2
THERMAL COEFF : .000450
TANK DIAMETER : 84.00
TANK PROFILE : 1 PT
FULL VOL : 4035

FLOAT SIZE: 4.0 IN.

WATER WARNING : 0.0
HIGH WATER LIMIT: 2.5

MAX OR LABEL VOL: 4035
OVERFILL LIMIT : 90%
3631
HIGH PRODUCT : 95%
3833
DELIVERY LIMIT : 10%
403

LOW PRODUCT : 500
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 0%
0

LEAK MIN ANNUAL : 0%
0

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN
PUMP THRESHOLD : 10.00%

T 3:DIESEL ON ROAD
PRODUCT CODE : 3
THERMAL COEFF : .000700
TANK DIAMETER : 84.00
TANK PROFILE : 1 PT
FULL VOL : 8060

FLOAT SIZE: 4.0 IN.

WATER WARNING : 0.0
HIGH WATER LIMIT: 2.5

MAX OR LABEL VOL: 8060
OVERFILL LIMIT : 90%
7254
HIGH PRODUCT : 95%
7657
DELIVERY LIMIT : 10%
806

LOW PRODUCT : 500
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 0%
0

LEAK MIN ANNUAL : 0%
0

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN
PUMP THRESHOLD : 10.00%

T 4:NON ETHANOL 91 OCTAN
PRODUCT CODE : 4
THERMAL COEFF :.000700
TANK DIAMETER : 84.00
TANK PROFILE : 1 PT
FULL VOL : 8060

FLOAT SIZE: 4.0 IN.

WATER WARNING : 0.0
HIGH WATER LIMIT: 2.5

MAX OR LABEL VOL: 8060
OVERFILL LIMIT : 90%
: 7254
HIGH PRODUCT : 95%
: 7657
DELIVERY LIMIT : 10%
: 806

LOW PRODUCT : 500
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 0%
: 0

LEAK MIN ANNUAL : 0%
: 0

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN
PUMP THRESHOLD : 10.00%

T 5:87 OCTANE 8000
PRODUCT CODE : 5
THERMAL COEFF :.000700
TANK DIAMETER : 84.00
TANK PROFILE : 1 PT
FULL VOL : 8060

FLOAT SIZE: 4.0 IN.

WATER WARNING : 0.0
HIGH WATER LIMIT: 2.5

MAX OR LABEL VOL: 8060
OVERFILL LIMIT : 90%
: 7254
HIGH PRODUCT : 95%
: 7657
DELIVERY LIMIT : 10%
: 806

LOW PRODUCT : 500
LEAK ALARM LIMIT: 99
SUDDEN LOSS LIMIT: 99
TANK TILT : 0.00
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 0%
: 0

LEAK MIN ANNUAL : 0%
: 0

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN
PUMP THRESHOLD : 10.00%

LEAK TEST METHOD

TEST WEEKLY : ALL TANK
MON

START TIME : 12:05 AM
TEST RATE : 0.20 GAL/HR
DURATION : 2 HOURS

TST EARLY STOP:DISABLED

LEAK TEST REPORT FORMAT
NORMAL

SOFTWARE REVISION LEVEL
VERSION 326.01
SOFTWARE# 346326-100-B
CREATED - 06.01.16.17.13

S-MODULE# 330160-002-A
SYSTEM FEATURES:
PERIODIC IN-TANK TESTS
ANNUAL IN-TANK TESTS
CSLD

930 PORT ST
EASTON MD 21601

930 PORT ST
EASTON MD 21601

JUN 13. 2018 4:26 PM

JUN 13. 2018 4:26 PM

LEAK TEST REPORT

LEAK TEST REPORT

T 1:93 OCTANE 4000
PROBE SERIAL NUM 229515

T 3:DIESEL ON ROAD
PROBE SERIAL NUM 229514

930 PORT ST
EASTON MD 21601

TEST STARTING TIME:
JUN 11. 2018 12:05 AM

TEST STARTING TIME:
JUN 11. 2018 12:05 AM

JUN 13. 2018 4:26 PM

TEST LENGTH = 2.0 HRS
STRT VOLUME = 2452.1 GAL

TEST LENGTH = 2.0 HRS
STRT VOLUME = 2133.9 GAL

LEAK TEST REPORT

T 5:87 OCTANE 8000
PROBE SERIAL NUM 229511

TEST STARTING TIME:
JUN 11. 2018 12:05 AM

TEST LENGTH = 2.0 HRS
STRT VOLUME = 2254.4 GAL

START TEMP = 66.6 F
END TEMP = 66.6 F

START TEMP = 65.6 F
END TEMP = 65.6 F

START TEMP = 66.2 F
END TEMP = 66.2 F

TEST PERIODS 2-4
0.01 0.02 0.02

TEST PERIODS 2-4
0.02 0.01 0.03

LEAK TEST RESULTS
RATE = 0.01 GAL/HR
0.20 GAL/HR TEST PASS

LEAK TEST RESULTS
RATE = 0.02 GAL/HR
0.20 GAL/HR TEST INVL

0.20 GAL/HR FLAGS:
LOW LEVEL TEST ERROR

***** END *****

***** END *****

TEST PERIODS 2-4
0.02 0.02 0.04

LEAK TEST RESULTS
RATE = 0.03 GAL/HR
0.20 GAL/HR TEST PASS

***** END *****

930 PORT ST
EASTON MD 21601

930 PORT ST
EASTON MD 21601

JUN 13. 2018 4:26 PM

JUN 13. 2018 4:26 PM

LEAK TEST REPORT

LEAK TEST REPORT

T 2:OFF ROAD DIESEL 4000
PROBE SERIAL NUM 229517

T 4:NON ETHANOL 91 OCTAN
PROBE SERIAL NUM 229516

TEST STARTING TIME:
JUN 11. 2018 12:05 AM

TEST STARTING TIME:
JUN 11. 2018 12:05 AM

TEST LENGTH = 2.0 HRS
STRT VOLUME = 505.8 GAL

TEST LENGTH = 2.0 HRS
STRT VOLUME = 1951.0 GAL

START TEMP = 64.5 F
END TEMP = 64.4 F

START TEMP = 65.5 F
END TEMP = 65.5 F

TEST PERIODS 2-4
0.00 0.00 0.01

TEST PERIODS 2-4
0.00 0.00 0.00

LEAK TEST RESULTS
RATE = 0.00 GAL/HR
0.20 GAL/HR TEST INVL

LEAK TEST RESULTS
RATE = 0.00 GAL/HR
0.20 GAL/HR TEST INVL

0.20 GAL/HR FLAGS:
LOW LEVEL TEST ERROR

0.20 GAL/HR FLAGS:
LOW LEVEL TEST ERROR

***** END *****

***** END *****

ALARM HISTORY REPORT

----- SYSTEM ALARM -----
PAPER OUT
APR 27. 2018 4:27 PM
PRINTER ERROR
APR 27. 2018 4:28 PM
BATTERY IS OFF
JAN 16. 2006 8:00 AM

***** END *****

ALARM HISTORY REPORT

---- IN-TANK ALARM ----

T 1:96 OCTANE 4000

HIGH WATER ALARM
OCT 7. 2016 10:27 AM

LOW PRODUCT ALARM
SEP 29. 2017 12:49 PM
SEP 18. 2017 12:42 PM
JUL 3. 2017 10:55 AM

HIGH PRODUCT ALARM
SEP 29. 2017 12:56 PM

PROBE OUT
SEP 29. 2017 3:04 PM
SEP 29. 2017 12:49 PM
AUG 24. 2017 10:52 AM

DELIVERY NEEDED
SEP 29. 2017 12:49 PM
JUL 8. 2017 12:17 PM
MAR 8. 2017 9:39 AM

MAX PRODUCT ALARM
SEP 29. 2017 12:56 PM

* * * * * END * * * * *

MAY 7. 2018 2:05 AM

LEAK TEST REPORT

T 2:OFF ROAD DIESEL 4000
PROBE SERIAL NUM 229517

TEST STARTING TIME:
MAY 7. 2018 12:05 AM

TEST LENGTH = 2.0 HRS
STRT VOLUME = 2737.1 GAL

LEAK TEST RESULTS
0.20 GAL/HR TEST PASS

***** END *****

STOP IN-TANK LEAK TEST
T 4:NON ETHANOL 91 OCTAN
MAY 7. 2018 2:05 AM

930 PORT ST
EASTON MD 21601

MAY 7. 2018 2:05 AM

LEAK TEST REPORT

T 4:NON ETHANOL 91 OCTAN
PROBE SERIAL NUM 229516

TEST STARTING TIME:
MAY 7. 2018 12:05 AM

TEST LENGTH = 2.0 HRS
STRT VOLUME = 2349.1 GAL

LEAK TEST RESULTS
0.20 GAL/HR TEST PASS

***** END *****

MAY 7. 2018 2:05 AM

LEAK TEST REPORT

T 1:93 OCTANE 4000
PROBE SERIAL NUM 229515

TEST STARTING TIME:
MAY 7. 2018 12:05 AM

TEST LENGTH = 2.0 HRS
STRT VOLUME = 3017.0 GAL

LEAK TEST RESULTS
0.20 GAL/HR TEST PASS

***** END *****

STOP IN-TANK LEAK TEST
T 5:87 OCTANE 8000
MAY 7. 2018 2:05 AM

930 PORT ST
EASTON MD 21601

MAY 7. 2018 2:05 AM

LEAK TEST REPORT

T 5:87 OCTANE 8000
PROBE SERIAL NUM 229511

TEST STARTING TIME:
MAY 7. 2018 12:05 AM

TEST LENGTH = 2.0 HRS
STRT VOLUME = 4829.5 GAL

LEAK TEST RESULTS
0.20 GAL/HR TEST PASS

***** END *****

MAY 7. 2018 2:05 AM

LEAK TEST REPORT

T 3:DIESEL ON ROAD
PROBE SERIAL NUM 229514

TEST STARTING TIME:
MAY 7. 2018 12:05 AM

TEST LENGTH = 2.0 HRS
STRT VOLUME = 2015.3 GAL

LEAK TEST RESULTS
0.20 GAL/HR TEST INVL

0.20 GAL/HR FLAGG:
LOW LEVEL TEST ERROR

***** END *****

Attachment 4. LLD/LTT Records



**EZY CHEK SYSTEMS
PRODUCT LINE TEST
FINAL REPORT**

MDE #1656

TEST DATE 03/23/18

Name	Easton Point 24 HR Gas and Diesel
Address	930 Port St.
City	Easton, MD. 21601
Phone	410-310-3553
Contact	Tim Miller

Name	Clean Fuels Associates
Address	7666A Baltimore-Annapolis Blvd.
City	Glen Burnie, MD. 21060
Phone	410-757-7576

Name	Matthew Eader
Cert #	236465
Applied Pressure	50 PSI

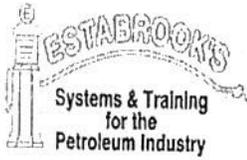
**PRODUCT LINE TEST
FINAL REPORT**

	Product Type	Result
#1	Reg. Gasoline Disp. 1/2	PASS
#2	Reg. Gasoline Disp. 3	PASS
#3	ULS Diesel Disp. 4/5	PASS
#4	Off Road Diesel Disp. 6	PASS
#5	Premium Gasoline Disp. 7	PASS
#6	0	0

Comments/Recommendations:

Every tank has one line to one dispenser. Each line was tested from dispenser back to the related tank. The tank number are confusing as products have changed over time. I labeled this 1-5 from left to right on the tank pad and matching the ascending dispenser numbers.

The important note is that all 5 lines and MLD's are tight and in working condition.



**EZY CHEK SYSTEMS
PRODUCT LINE TESTER
DATA SHEET**

MDE #1656

TEST DATE 03/23/18

Testing Company Information	
Name	Clean Fuels Associates
Address	7666A Baltimore-Annapolis Blvd.
City	Glen Burnie, MD. 21060
Phone	410-757-7576

Test Location Information	
Name	Easton Point 24 HR Gas and Diesel
Address	930 Port St.
City	Easton, MD. 21601
Phone	410-310-3553
Contact	Tim Miller

Technician Information	
Name	Matthew Eader
Cert #	236465

Applied Pressure 50 PSI

#1	Product Type:		Reg. Gasoline Disp. 1/2			
	TIME	DATA	-/+	GPL	RES	GPH
	10:43	67	0	0.0037	0.0000	0.0000
	10:58	66	-1	0.0037	-0.0037	-0.0148
	11:13	66	0	0.0037	0.0000	0.0000
			0	0.0037	0.0000	0.0000
			0	0.0037	0.0000	0.0000
			0	0.0037	0.0000	0.0000
FINAL RESULT:						PASS

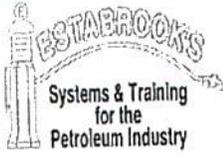
#2	Product Type:		Reg. Gasoline Disp. 3			
	TIME	DATA	-/+	GPL	RES	GPH
	11:25	84	0	0.0037	0.0000	0.0000
	11:40	84	0	0.0037	0.0000	0.0000
	11:55	84	0	0.0037	0.0000	0.0000
			0	0.0037	0.0000	0.0000
			0	0.0037	0.0000	0.0000
			0	0.0037	0.0000	0.0000
FINAL RESULT:						PASS

#3	Product Type:		ULS Diesel Disp. 4/5			
	TIME	DATA	-/+	GPL	RES	GPH
	12:10	81	0	0.0037	0.0000	0.0000
	12:25	80	-1	0.0037	-0.0037	-0.0148
	12:40	80	0	0.0037	0.0000	0.0000
			0	0.0037	0.0000	0.0000
			0	0.0037	0.0000	0.0000
			0	0.0037	0.0000	0.0000
FINAL RESULT:						PASS

#4	Product Type:		Off Road Diesel Disp. 6			
	TIME	DATA	-/+	GPL	RES	GPH
	1:00	77	0	0.0037	0.0000	0.0000
	1:15	76	-1	0.0037	-0.0037	-0.0148
	1:30	76	0	0.0037	0.0000	0.0000
			0	0.0037	0.0000	0.0000
			0	0.0037	0.0000	0.0000
			0	0.0037	0.0000	0.0000
FINAL RESULT:						PASS

#5	Product Type:		Premium Gasoline Disp. 7			
	TIME	DATA	-/+	GPL	RES	GPH
	1:50	75	0	0.0037	0.0000	0.0000
	2:05	76	1	0.0037	0.0037	0.0148
	2:20	76	0	0.0037	0.0000	0.0000
			0	0.0037	0.0000	0.0000
			0	0.0037	0.0000	0.0000
			0	0.0037	0.0000	0.0000
FINAL RESULT:						PASS

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



**EZY CHEK SYSTEMS
PRODUCT LINE TEST
FINAL REPORT**

MDE #1656

TEST DATE 03/23/18

Testing Facility Information	
Name	Easton Point 24 HR Gas and Diesel
Address	930 Port St.
City	Easton, MD. 21601
Phone	410-310-3553
Contact	Tim Miller

Testing Company Information	
Name	Clean Fuels Associates
Address	7666A Baltimore-Annapolis Blvd.
City	Glen Burnie, MD. 21060
Phone	410-757-7576

Technician Information	
Name	Matthew Eader
Cert #	236465
Applied Pressure	50 PSI

**PRODUCT LINE TEST
FINAL REPORT**

	Product Type	Result
#1	Reg. Gasoline Disp. 1/2	PASS
#2	Reg. Gasoline Disp. 3	PASS
#3	ULS Diesel Disp. 4/5	PASS
#4	Off Road Diesel Disp. 6	PASS
#5	Premium Gasoline Disp. 7	PASS
#6	0	0

Comments/Recommendations:

Every tank has one line to one dispenser. Each line was tested from dispenser back to the related tank. The tank number are confusing as products have changed over time. I labeled this 1-5 from left to right on the tank pad and matching the ascending dispenser numbers.

The important note is that all 5 lines and MLD's are tight and in working condition.



**EZY CHEK SYSTEMS
LEAK DETECTOR TESTER
DATA SHEET**

MDE #1656

TEST DATE 3/23/2018

Name	Easton Point 24 HR Gas and Diesel
Address	930 Port St.
City	Easton, MD. 21601
Phone	410-310-3553
Contact	Tim Miller

Name	Clean Fuels Associates
Address	7666A Baltimore-Annapolis Blvd.
City	Glen Burnie, MD. 21060
Phone	410-757-7576
Name	Matthew Eader
Cert #	301-525-6474

TYPE OF LEAK DETECTOR

PUMP #	MAKE	MODEL	SERIAL #
1	VMI	99LD-2000	16061362
2	Veeder-Root	FX1V	7808
3	Veeder-Root	FX1DV	6104
4	Veeder-Root	FX1DV	9461
5	VMI	99LD-2000	12011266
6			
7			
8			

PUMP #	Product Type	Metering Pressure	Functional Element Holding PSI	Resiliency	Test Leak Rate ML/MIN	Opening Time	Pass/Fail
1	Gasoline Disp. 1/2	28 PSI	26 PSI	200 ML	189ml	5 Sec.	PASS
2	Gasoline Disp. 3	28 PSI	15 PSI	150 ML	189ml	2 Sec.	PASS
3	ULS Diesel Disp. 4/5	30 PSI	16 PSI	50 ML	189ml	2 Sec.	PASS
4	Off-Road Disp. 6	28 PSI	14 PSI	75 ML	189ml	2 Sec.	PASS
5	Prem Gas Disp. 7	30 PSI	28 PSI	75 ML	189ml	5 Sec.	PASS
6					189ml		
7					189ml		
8					189ml		



TANK MONITORING SYSTEM CERTIFICATION

A. General Information

Facility Name:	Easton Point 24 Hr Gas and Diesel	
Site Address:	930 Pot St.	
Facility Contact Person:	Tim Miller	
Make / Model of Monitoring System:	VeederRoot	TLS-350
Software Version Installed:	326.01	

Bldg. No.:	
City:	Easton, MD. 21601
Contact Person No.:	410-310-3553
Date of Testing/Service:	3/23/2018

B. Inventory of Equipment Tested / Certified

Tank ID: T1: 93 Octane 4000 <input checked="" type="checkbox"/> In-Tank Gauging Probe: 846391-107 <input type="checkbox"/> Annular Space / Vault Sensor: <input type="checkbox"/> Piping Sump / Trench Sensor(s): <input type="checkbox"/> Fill Sump Sensor(s): <input checked="" type="checkbox"/> Mechanical Line Leak Detector: 99LD-2000 <input type="checkbox"/> Electronic Line Leak Detector: <input type="checkbox"/> Tank Overfill / High-Level Sensor: <input type="checkbox"/> Other (specify equipment type and model in Section E)	Tank ID: T2: Off Road Diesel 4000 <input checked="" type="checkbox"/> In-Tank Gauging Probe: 846391-107 <input type="checkbox"/> Annular Space / Vault Sensor: <input type="checkbox"/> Piping Sump / Trench Sensor(s): <input type="checkbox"/> Fill Sump Sensor(s): <input checked="" type="checkbox"/> Mechanical Line Leak Detector: FX1DV <input type="checkbox"/> Electronic Line Leak Detector: <input type="checkbox"/> Tank Overfill / High-Level Sensor: <input type="checkbox"/> Other (specify equipment type and model in Section E)
Tank ID: T3: Diesel On Road <input checked="" type="checkbox"/> In-Tank Gauging Probe: 846391-107 <input type="checkbox"/> Annular Space / Vault Sensor: <input type="checkbox"/> Piping Sump / Trench Sensor(s): <input type="checkbox"/> Fill Sump Sensor(s): <input checked="" type="checkbox"/> Mechanical Line Leak Detector: FX1DV <input type="checkbox"/> Electronic Line Leak Detector: <input type="checkbox"/> Tank Overfill / High-Level Sensor: <input type="checkbox"/> Other (specify equipment type and model in Section E)	Tank ID: T4: Non Ethanol 91 Octane <input checked="" type="checkbox"/> In-Tank Gauging Probe: 846391-107 <input type="checkbox"/> Annular Space / Vault Sensor: <input type="checkbox"/> Piping Sump / Trench Sensor(s): <input type="checkbox"/> Fill Sump Sensor(s): <input checked="" type="checkbox"/> Mechanical Line Leak Detector: FX1V <input type="checkbox"/> Electronic Line Leak Detector: <input type="checkbox"/> Tank Overfill / High-Level Sensor: <input type="checkbox"/> Other (specify equipment type and model in Section E)
Dispenser ID: Disp. 1-2 Regular 87 <input type="checkbox"/> Dispenser Containment Sensor(s): NA	Dispenser ID: Disp. 3 Non-Ethanol 91 Octane <input type="checkbox"/> Dispenser Containment Sensor(s): NA
Dispenser ID: Disp. 4-5 ULS Diesel <input type="checkbox"/> Dispenser Containment Sensor(s): NA	Dispenser ID: Disp. 6 Off-Road Diesel <input type="checkbox"/> Dispenser Containment Sensor(s): NA
Dispenser ID: Disp. 7 Premium <input type="checkbox"/> Dispenser Containment Sensor(s): NA	Dispenser ID: <input type="checkbox"/> Dispenser Containment Sensor(s): NA

C. Certification: I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines.
 For any equipment capable of generating printed reports, I have also attached a copy of the report. (Check all that apply)
 System Set-up Alarm History Report

Technician Name (print): Matthew Eader
 Signature: *Matthew Eader* Certification No.: B37541

D. Functionality Testing

Complete the following checklist:



**EZY CHEK SYSTEMS
LEAK DETECTOR TESTER
DATA SHEET**

MDE #1656

TEST DATE 3/23/2018

TEST LOCATION INFORMATION	
Name	Easton Point 24 HR Gas and Diesel
Address	930 Port St.
City	Easton, MD. 21601
Phone	410-310-3553
Contact	Tim Miller

TESTING COMPANY INFORMATION	
Name	Clean Fuels Associates
Address	7666A Baltimore-Annapolis Blvd.
City	Glen Burnie, MD. 21060
Phone	410-757-7576
TECHNICIAN INFORMATION	
Name	Matthew Eader
Cert #	301-525-6474

TYPE OF LEAK DETECTOR

PUMP #	MAKE	MODEL	SERIAL #
1	VMI	99LD-2000	16061362
2	Veeder-Root	FX1V	7808
3	Veeder-Root	FX1DV	6104
4	Veeder-Root	FX1DV	9461
5	VMI	99LD-2000	12011266
6			
7			
8			

PUMP #	Product Type	Metering Pressure	Functional Element Holding PSI	Resiliency	Test Leak Rate ML/MIN	Opening Time	Pass/Fail
1	Gasoline Disp. 1/2	28 PSI	26 PSI	200 ML	189ml	5 Sec.	PASS
2	Gasoline Disp. 3	28 PSI	15 PSI	150 ML	189ml	2 Sec.	PASS
3	ULS Diesel Disp. 4/5	30 PSI	16 PSI	50 ML	189ml	2 Sec.	PASS
4	Off-Road Disp. 6	28 PSI	14 PSI	75 ML	189ml	2 Sec.	PASS
5	Prem Gas Disp. 7	30 PSI	28 PSI	75 ML	189ml	5 Sec.	PASS
6					189ml		
7					189ml		
8					189ml		



TANK MONITORING SYSTEM CERTIFICATION

A. General Information

Facility Name:	Easton Point 24 Hr Gas and Diesel		
Site Address:	930 Pot St.		
Facility Contact Person:	Tim Miller		
Make / Model of Monitoring System:	VeederRoot	TLS-350	
Software Version Installed:	326.01		

Bldg. No.:	
City:	Easton, MD. 21601
Contact Person No.:	410-310-3553
Date of Testing/Service:	3/23/2018

B. Inventory of Equipment Tested / Certified

Tank ID: T5: 87 Octane 8000	Tank ID:
<input checked="" type="checkbox"/> In-Tank Gauging Probe: 846391-107	<input type="checkbox"/> In-Tank Gauging Probe:
<input type="checkbox"/> Annular Space / Vault Sensor:	<input type="checkbox"/> Annular Space / Vault Sensor:
<input type="checkbox"/> Piping Sump / Trench Sensor(s):	<input type="checkbox"/> Piping Sump / Trench Sensor(s):
<input type="checkbox"/> Fill Sump Sensor(s):	<input type="checkbox"/> Fill Sump Sensor(s):
<input checked="" type="checkbox"/> Mechanical Line Leak Detector: 99LD-2000	<input type="checkbox"/> Mechanical Line Leak Detector:
<input type="checkbox"/> Electronic Line Leak Detector:	<input type="checkbox"/> Electronic Line Leak Detector:
<input type="checkbox"/> Tank Overfill / High-Level Sensor:	<input type="checkbox"/> Tank Overfill / High-Level Sensor:
<input type="checkbox"/> Other (specify equipment type and model in Section E)	<input type="checkbox"/> Other (specify equipment type and model in Section E)
Tank ID:	Tank ID:
<input type="checkbox"/> In-Tank Gauging Probe:	<input type="checkbox"/> In-Tank Gauging Probe:
<input type="checkbox"/> Annular Space / Vault Sensor:	<input type="checkbox"/> Annular Space / Vault Sensor:
<input type="checkbox"/> Piping Sump / Trench Sensor(s):	<input type="checkbox"/> Piping Sump / Trench Sensor(s):
<input type="checkbox"/> Fill Sump Sensor(s):	<input type="checkbox"/> Fill Sump Sensor(s):
<input type="checkbox"/> Mechanical Line Leak Detector:	<input type="checkbox"/> Mechanical Line Leak Detector:
<input type="checkbox"/> Electronic Line Leak Detector:	<input type="checkbox"/> Electronic Line Leak Detector:
<input type="checkbox"/> Tank Overfill / High-Level Sensor:	<input type="checkbox"/> Tank Overfill / High-Level Sensor:
<input type="checkbox"/> Other (specify equipment type and model in Section E)	<input type="checkbox"/> Other (specify equipment type and model in Section E)
Dispenser ID:	Dispenser ID:
<input type="checkbox"/> Dispenser Containment Sensor(s):	<input type="checkbox"/> Dispenser Containment Sensor(s):
Dispenser ID:	Dispenser ID:
<input type="checkbox"/> Dispenser Containment Sensor(s):	<input type="checkbox"/> Dispenser Containment Sensor(s):
Dispenser ID:	Dispenser ID:
<input type="checkbox"/> Dispenser Containment Sensor(s):	<input type="checkbox"/> Dispenser Containment Sensor(s):

C. Certification:

I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines.
 For any equipment capable of generating printed reports, I have also attached a copy of the report. (Check all that apply)

Technician Name (print): Matthew Eader
 Signature: *Matthew Eader*

System Set-up Alarm History Report

Certification No.: B37541

D. Functionality Testing

Complete the following checklist:

<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 checked="" type="checkbox"/> N/A
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input checked="" 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
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	<input 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 checked="" type="checkbox"/> No*	<input 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 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

Is the audible alarm operational?
Is the visual alarm functional?
Were all sensors visually inspected, tested, and confirmed operational?
Were all sensors installed at the lowest point of secondary containment and positioned so that other equipment does not interfere with their operation?
Has all input wiring been inspected for proper entry and termination?
Were all tank gauging probes visually inspected for damage and residue buildup?
Was accuracy of system product level readings tested?
Was accuracy of system water level readings tested?
Were all probes reinstalled properly?
If alarms are relayed to a remote monitoring station, is communications equipment operational?
For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point and operating properly? If so, at what point does the alarm trigger? %
Was liquid found inside any secondary containment systems designed as dry systems? <input checked="" type="checkbox"/>
<input type="checkbox"/> Product <input type="checkbox"/> Water If yes, describe possible causes in Section E, below
For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected?
If yes: which sensors initiate positive shut-down? <input type="checkbox"/> Sump/Trench <input type="checkbox"/> Dispenser Containment
Was positive shut-down initiated to confirm proper operation?
Were all items on the equipment manufacturer's maintenance checklist completed?
Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
Is all monitoring equipment operational per manufacturer's specifications?

* In section E below, describe deficiencies and possible actions for correction

E. Comments:	
	Tanks use ball floats for overfill prevention. Ball floats were verified to be in good condition.
	Thermal coefficients were off by one digit. .007000 and should have been .000700 and .000450 respectively. I corrected these and archived the data



TANK MONITORING SYSTEM CERTIFICATION

A. General Information

Facility Name:	Easton Point 24 Hr Gas and Diesel	
Site Address:	930 Pot St.	
Facility Contact Person:	Tim Miller	
Make / Model of Monitoring System:	VeederRoot	TLS-350
Software Version Installed:	326.01	

Bldg. No.:	
City:	Easton, MD. 21601
Contact Person No.:	410-310-3553
Date of Testing/Service:	3/23/2018

B. Inventory of Equipment Tested / Certified

Tank ID: T5: 87 Octane 8000 <input checked="" type="checkbox"/> In-Tank Gauging Probe: 846391-107 <input type="checkbox"/> Annular Space / Vault Sensor: <input type="checkbox"/> Piping Sump / Trench Sensor(s): <input type="checkbox"/> Fill Sump Sensor(s): <input checked="" type="checkbox"/> Mechanical Line Leak Detector: 99LD-2000 <input type="checkbox"/> Electronic Line Leak Detector: <input type="checkbox"/> Tank Overfill / High-Level Sensor: <input type="checkbox"/> Other (specify equipment type and model in Section E)	Tank ID: <input type="checkbox"/> In-Tank Gauging Probe: <input type="checkbox"/> Annular Space / Vault Sensor: <input type="checkbox"/> Piping Sump / Trench Sensor(s): <input type="checkbox"/> Fill Sump Sensor(s): <input type="checkbox"/> Mechanical Line Leak Detector: <input type="checkbox"/> Electronic Line Leak Detector: <input type="checkbox"/> Tank Overfill / High-Level Sensor: <input type="checkbox"/> Other (specify equipment type and model in Section E)
Tank ID: <input type="checkbox"/> In-Tank Gauging Probe: <input type="checkbox"/> Annular Space / Vault Sensor: <input type="checkbox"/> Piping Sump / Trench Sensor(s): <input type="checkbox"/> Fill Sump Sensor(s): <input type="checkbox"/> Mechanical Line Leak Detector: <input type="checkbox"/> Electronic Line Leak Detector: <input type="checkbox"/> Tank Overfill / High-Level Sensor: <input type="checkbox"/> Other (specify equipment type and model in Section E)	Tank ID: <input type="checkbox"/> In-Tank Gauging Probe: <input type="checkbox"/> Annular Space / Vault Sensor: <input type="checkbox"/> Piping Sump / Trench Sensor(s): <input type="checkbox"/> Fill Sump Sensor(s): <input type="checkbox"/> Mechanical Line Leak Detector: <input type="checkbox"/> Electronic Line Leak Detector: <input type="checkbox"/> Tank Overfill / High-Level Sensor: <input type="checkbox"/> Other (specify equipment type and model in Section E)
Dispenser ID: <input type="checkbox"/> Dispenser Containment Sensor(s):	Dispenser ID: <input type="checkbox"/> Dispenser Containment Sensor(s):
Dispenser ID: <input type="checkbox"/> Dispenser Containment Sensor(s):	Dispenser ID: <input type="checkbox"/> Dispenser Containment Sensor(s):
Dispenser ID: <input type="checkbox"/> Dispenser Containment Sensor(s):	Dispenser ID: <input type="checkbox"/> Dispenser Containment Sensor(s):

C. Certification:

I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines.

For any equipment capable of generating printed reports, I have also attached a copy of the report. (Check all that apply)

System Set-up Alarm History Report

Technician Name (print): Matthew Eader

Signature: *Matthew Eader* Certification No.: B37541

D. Functionality Testing

Complete the following checklist:

F. Line Leak Detectors (LLD)

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	Were all items on the equipment manufacturer's maintenance checklist completed?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	For equipment start-up/annual equipment certification, was a leak simulated to verify LLD?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	(Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> 0.2 g.p.h
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	<input type="checkbox"/> 0.1 g.p.h
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input checked="" type="checkbox"/> N/A	For electronic LLDs:
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input checked="" type="checkbox"/> N/A	• Does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input checked="" type="checkbox"/> N/A	• Does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input checked="" type="checkbox"/> N/A	• Does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input checked="" type="checkbox"/> N/A	• Have all accessible wiring connections been visually inspected?



Maryland Catchment Basin and Containment Sump Test Report

Maryland
Department of
the Environment

MDE Facility I.D. #: 1656			
Facility Name: Easton Point 24 Hr		UST Owner: Tim Miller	
Facility Address: 930 Port St.		Owner Address: 28102 Baileys Neck Rd	
City: Easton	State: MD	Zip: 21601	City: Easton State: MD Zip: 21601
		Owner Telephone Number: (410) 310-3553	
Testing Company: Clean Fuels Associates			
Company Telephone Number: (410) 757-7576			

Test Date: 03/23/18	Weather Condition: Clear, Sunny	Temperature: 42 F
---------------------	---------------------------------	-------------------

Product:	Regular Gasohol -87	Conventional Gas 91	ULS Diesel
Testing:	<input checked="" type="checkbox"/> Check One <input checked="" type="checkbox"/> Spill Bucket <input type="checkbox"/> Stage I Bucket <input type="checkbox"/> Dispenser Sump # _____ <input type="checkbox"/> STP Sump <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Transition Sump <input type="checkbox"/> Vent Riser Sump <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> Check One <input checked="" type="checkbox"/> Spill Bucket <input type="checkbox"/> Stage I Bucket <input type="checkbox"/> Dispenser Sump # _____ <input type="checkbox"/> STP Sump <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Transition Sump <input type="checkbox"/> Vent Riser Sump <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> Check One <input checked="" type="checkbox"/> Spill Bucket <input type="checkbox"/> Stage I Bucket <input type="checkbox"/> Dispenser Sump # _____ <input type="checkbox"/> STP Sump <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Transition Sump <input type="checkbox"/> Vent Riser Sump <input type="checkbox"/> Other (Describe):
Construction:	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled (vacuum test method must be performed in accordance with manufacturer or PEI/ RP1200)	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled (vacuum test method must be performed in accordance with manufacturer or PEI/ RP1200)	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled (vacuum test method must be performed in accordance with manufacturer or PEI/ RP1200)
Start Level:	8 1/8"	9"	7 3/8"
Start Time:	12:10 pm	12:12 pm	12:15 pm
End Level:	8 1/8"	9"	7 3/8"
End Time:	1:10 pm	1:12 pm	1:15 pm
Level Change:	0"	0"	0"
Test Results:	<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
Test Failure:	<input type="checkbox"/> Reported to MDE Date: _____ Time: _____		

- Hydrostatic and vacuum test failures must be reported to MDE immediately and within 2 hours of the test.
- A liquid level drop of 1/8 inch or greater in 1 hour is considered a test failure.

F. Line Leak Detectors (LLD)

Complete the following checklist:

<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
<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 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

Were all items on the equipment manufacturer's maintenance checklist completed?
For equipment start-up/annual equipment certification, was a leak simulated to verify LLD?
(Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h <input type="checkbox"/> 0.2 g.p.h <input type="checkbox"/> 0.1 g.p.h
Were all LLDs confirmed operational and accurate within regulatory requirements?
Was the testing apparatus properly calibrated?
For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
For electronic LLDs:
• Does the turbine automatically shut off if the LLD detects a leak?
• Does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
• Does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
• Have all accessible wiring connections been visually inspected?

Product:	Off-Road Diesel	Premium Gasohol- 93	
Testing:	<input checked="" type="checkbox"/> Check One <input type="checkbox"/> Spill Bucket <input type="checkbox"/> Stage I Bucket <input type="checkbox"/> Dispenser Sump # _____ <input type="checkbox"/> STP Sump <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Transition Sump <input type="checkbox"/> Vent Riser Sump <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> Check One <input checked="" type="checkbox"/> Spill Bucket <input type="checkbox"/> Stage I Bucket <input type="checkbox"/> Dispenser Sump # _____ <input type="checkbox"/> STP Sump <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Transition Sump <input type="checkbox"/> Vent Riser Sump <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> Check One <input type="checkbox"/> Spill Bucket <input type="checkbox"/> Stage I Bucket <input type="checkbox"/> Dispenser Sump # _____ <input type="checkbox"/> STP Sump <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Transition Sump <input type="checkbox"/> Vent Riser Sump <input type="checkbox"/> Other (Describe):
Construction:	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled (vacuum test method must be performed in accordance with manufacturer or PEI/ RP1200)	<input checked="" type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled (vacuum test method must be performed in accordance with manufacturer or PEI/ RP1200)	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled (vacuum test method must be performed in accordance with manufacturer or PEI/ RP1200)
Start Level:	8 7/8"	7 1/8"	
Start Time:	12:22 pm	12:23 pm	
End Level:	8 7/8"	7 1/8"	
End Time:	1:22 pm	1:23 pm	
Level Change:	0"	0"	
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
Test Failure	<input type="checkbox"/> Reported to MDE Date: _____	Time: _____	

- Hydrostatic and vacuum test failures must be reported to MDE immediately and within 2 hours of the test.

- A liquid level drop of 1/8 inch or greater in 1 hour is considered a test failure.

Tester Certification (check one):

- MDE Technician MDIC- - - T
- MDE Inspector MDIC- - - I
- Precision Tester: Test Method Hydrostatic

Certification Expiration Date: _____

Tester's Name (print) : Matthew Eader

Tester's Signature: *Matthew Eader*

Comments:

All spills were mostly dry and clean. All were filled and measured before vacuuming everything out. All spills were good.

Copy of the test report must be maintained by the owner/operator for a period of 5 years and made available to the Department upon request and during UST inspections.



TANK MONITORING SYSTEM CERTIFICATION

A. General Information

Facility Name:	Pacific Pride Station	
Site Address:	930 Port St.	
Facility Contact Person:	Tim Miller	
Make / Model of Monitoring System:	VeederRoot	TLS-350
Software Version Installed:	326.01	

Bldg. No.:	
City:	Easton, MD. 21601
Contact Person No.:	
Date of Testing/Service:	6/27/2016

B. Inventory of Equipment Tested / Certified

<p>Tank ID: T1: Unleaded 4000</p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe: 846390-107</p> <p><input type="checkbox"/> Annular Space / Vault Sensor:</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s):</p> <p><input type="checkbox"/> Fill Sump Sensor(s):</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector: Fx1V</p> <p><input type="checkbox"/> Electronic Line Leak Detector:</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor:</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E)</p>	<p>Tank ID: T2: Diesel 4000</p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe: 846390-107</p> <p><input type="checkbox"/> Annular Space / Vault Sensor:</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s):</p> <p><input type="checkbox"/> Fill Sump Sensor(s):</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector: Fx1DV</p> <p><input type="checkbox"/> Electronic Line Leak Detector:</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor:</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E)</p>
<p>Tank ID: T3: Super (now diesel)</p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe: 846390-107</p> <p><input type="checkbox"/> Annular Space / Vault Sensor:</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s):</p> <p><input type="checkbox"/> Fill Sump Sensor(s):</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector: Fx1DV</p> <p><input type="checkbox"/> Electronic Line Leak Detector:</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor:</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E)</p>	<p>Tank ID: T4: Plus</p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe: 846390-107</p> <p><input type="checkbox"/> Annular Space / Vault Sensor:</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s):</p> <p><input type="checkbox"/> Fill Sump Sensor(s):</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector: Fx1V</p> <p><input type="checkbox"/> Electronic Line Leak Detector:</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor:</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E)</p>
<p>Dispenser ID: Disp. 1/2 Regular Unleaded</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s): NA</p>	<p>Dispenser ID: Disp. 3 Plus</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s): NA</p>
<p>Dispenser ID: Disp. 4/5 Diesel</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s): NA</p>	<p>Dispenser ID: Disp. 6 Unleaded</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s): NA</p>
<p>Dispenser ID: Disp. 7 Diesel</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s): NA</p>	<p>Dispenser ID:</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s):</p>

C. Certification:

I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines.
 For any equipment capable of generating printed reports, I have also attached a copy of the report. (Check all that apply)

Technician Name (print): Matthew Eader

Signature: *Matthew Eader*

Certification No.: B37541

System Set-up Alarm History Report

D. Functionality Testing

Complete the following checklist:



TANK MONITORING SYSTEM CERTIFICATION

A. General Information

Facility Name:	Pacific Pride Station	
Site Address:	930 Port St.	
Facility Contact Person:	Tim Miller	
Make / Model of Monitoring System:	VeederRoot	TLS-350
Software Version Installed:	326.01	

Bldg. No.:	
City:	Easton, MD. 21601
Contact Person No.:	
Date of Testing/Service:	6/27/2016

B. Inventory of Equipment Tested / Certified

Tank ID: T1: Unleaded 4000 <input checked="" type="checkbox"/> In-Tank Gauging Probe: 846390-107 <input type="checkbox"/> Annular Space / Vault Sensor: <input type="checkbox"/> Piping Sump / Trench Sensor(s): <input type="checkbox"/> Fill Sump Sensor(s): <input checked="" type="checkbox"/> Mechanical Line Leak Detector: Fx1V <input type="checkbox"/> Electronic Line Leak Detector: <input type="checkbox"/> Tank Overfill / High-Level Sensor: <input type="checkbox"/> Other (specify equipment type and model in Section E)	Tank ID: T2: Diesel 4000 <input checked="" type="checkbox"/> In-Tank Gauging Probe: 846390-107 <input type="checkbox"/> Annular Space / Vault Sensor: <input type="checkbox"/> Piping Sump / Trench Sensor(s): <input type="checkbox"/> Fill Sump Sensor(s): <input checked="" type="checkbox"/> Mechanical Line Leak Detector: Fx1DV <input type="checkbox"/> Electronic Line Leak Detector: <input type="checkbox"/> Tank Overfill / High-Level Sensor: <input type="checkbox"/> Other (specify equipment type and model in Section E)
Tank ID: T3: Super (now diesel) <input checked="" type="checkbox"/> In-Tank Gauging Probe: 846390-107 <input type="checkbox"/> Annular Space / Vault Sensor: <input type="checkbox"/> Piping Sump / Trench Sensor(s): <input type="checkbox"/> Fill Sump Sensor(s): <input checked="" type="checkbox"/> Mechanical Line Leak Detector: Fx1DV <input type="checkbox"/> Electronic Line Leak Detector: <input type="checkbox"/> Tank Overfill / High-Level Sensor: <input type="checkbox"/> Other (specify equipment type and model in Section E)	Tank ID: T4: Plus <input checked="" type="checkbox"/> In-Tank Gauging Probe: 846390-107 <input type="checkbox"/> Annular Space / Vault Sensor: <input type="checkbox"/> Piping Sump / Trench Sensor(s): <input type="checkbox"/> Fill Sump Sensor(s): <input checked="" type="checkbox"/> Mechanical Line Leak Detector: Fx1V <input type="checkbox"/> Electronic Line Leak Detector: <input type="checkbox"/> Tank Overfill / High-Level Sensor: <input type="checkbox"/> Other (specify equipment type and model in Section E)
Dispenser ID: Disp. 1/2 Regular Unleaded <input type="checkbox"/> Dispenser Containment Sensor(s): NA	Dispenser ID: Disp. 3 Plus <input type="checkbox"/> Dispenser Containment Sensor(s): NA
Dispenser ID: Disp. 4/5 Diesel <input type="checkbox"/> Dispenser Containment Sensor(s): NA	Dispenser ID: Disp. 6 Unleaded <input type="checkbox"/> Dispenser Containment Sensor(s): NA
Dispenser ID: Disp. 7 Diesel <input type="checkbox"/> Dispenser Containment Sensor(s): NA	Dispenser ID: <input type="checkbox"/> Dispenser Containment Sensor(s):

C. Certification:

I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines.

For any equipment capable of generating printed reports, I have also attached a copy of the report. (Check all that apply)

System Set-up Alarm History Report

Technician Name (print): Matthew Eader

Signature: Matthew Eader Certification No.: B37541

D. Functionality Testing

Complete the following checklist:



TANK MONITORING SYSTEM CERTIFICATION

A. General Information

Facility Name:	Pacific Pride Station	
Site Address:	930 Port St.	
Facility Contact Person:	Tim Miller	
Make / Model of Monitoring System:	VeederRoot	TLS-350
Software Version Installed:	326.01	

Bldg. No.:	
City:	Easton, MD. 21601
Contact Person No.:	
Date of Testing/Service:	6/27/2016

B. Inventory of Equipment Tested / Certified

<p>Tank ID: T5: Unleaded</p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe: 846390-107</p> <p><input type="checkbox"/> Annular Space / Vault Sensor: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s): _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s): _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector: Fx1V</p> <p><input type="checkbox"/> Electronic Line Leak Detector: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E) _____</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe: _____</p> <p><input type="checkbox"/> Annular Space / Vault Sensor: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s): _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s): _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E) _____</p>
<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe: _____</p> <p><input type="checkbox"/> Annular Space / Vault Sensor: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s): _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s): _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E) _____</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe: _____</p> <p><input type="checkbox"/> Annular Space / Vault Sensor: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s): _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s): _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E) _____</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s): _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s): _____</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s): _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s): _____</p>
<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s): _____</p>	<p>Dispenser ID: _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s): _____</p>

C. Certification:

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(Check all that apply)

System Set-up Alarm History Report

Technician Name (print): Matthew Eader

Signature: Matthew Eader Certification No.: B37541

D. Functionality Testing

Complete the following checklist:



TANK MONITORING SYSTEM CERTIFICATION

A. General Information

Facility Name:	Pacific Pride Station	
Site Address:	930 Port St.	
Facility Contact Person:	Tim Miller	
Make / Model of Monitoring System:	VeederRoot	TLS-350
Software Version Installed:	326.01	

Bldg. No.:	
City:	Easton, MD. 21601
Contact Person No.:	
Date of Testing/Service:	6/27/2016

B. Inventory of Equipment Tested / Certified

<p>Tank ID: T5: Unleaded</p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe: 846390-107</p> <p><input type="checkbox"/> Annular Space / Vault Sensor:</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s):</p> <p><input type="checkbox"/> Fill Sump Sensor(s):</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector: Fx1V</p> <p><input type="checkbox"/> Electronic Line Leak Detector:</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor:</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E)</p>	<p>Tank ID:</p> <p><input type="checkbox"/> In-Tank Gauging Probe:</p> <p><input type="checkbox"/> Annular Space / Vault Sensor:</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s):</p> <p><input type="checkbox"/> Fill Sump Sensor(s):</p> <p><input type="checkbox"/> Mechanical Line Leak Detector:</p> <p><input type="checkbox"/> Electronic Line Leak Detector:</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor:</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E)</p>
<p>Tank ID:</p> <p><input type="checkbox"/> In-Tank Gauging Probe:</p> <p><input type="checkbox"/> Annular Space / Vault Sensor:</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s):</p> <p><input type="checkbox"/> Fill Sump Sensor(s):</p> <p><input type="checkbox"/> Mechanical Line Leak Detector:</p> <p><input type="checkbox"/> Electronic Line Leak Detector:</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor:</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E)</p>	<p>Tank ID:</p> <p><input type="checkbox"/> In-Tank Gauging Probe:</p> <p><input type="checkbox"/> Annular Space / Vault Sensor:</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s):</p> <p><input type="checkbox"/> Fill Sump Sensor(s):</p> <p><input type="checkbox"/> Mechanical Line Leak Detector:</p> <p><input type="checkbox"/> Electronic Line Leak Detector:</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor:</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E)</p>
<p>Dispenser ID:</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s):</p>	<p>Dispenser ID:</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s):</p>
<p>Dispenser ID:</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s):</p>	<p>Dispenser ID:</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s):</p>
<p>Dispenser ID:</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s):</p>	<p>Dispenser ID:</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s):</p>

C. Certification:

I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines.

For any equipment capable of generating printed reports, I have also attached a copy of the report.

(Check all that apply)

System Set-up Alarm History Report

Technician Name (print): Matthew Eader

Signature: Matthew Eader Certification No.: B37541

D. Functionality Testing

Complete the following checklist:

F. Line Leak Detectors (LLD)

Complete the following checklist:

<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
<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> No*	<input 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
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input checked="" type="checkbox"/> N/A

Were all items on the equipment manufacturer's maintenance checklist completed?
For equipment start-up/annual equipment certification, was a leak simulated to verify LLD?
(Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h <input type="checkbox"/> 0.2 g.p.h <input type="checkbox"/> 0.1 g.p.h
Were all LLDs confirmed operational and accurate within regulatory requirements?
Was the testing apparatus properly calibrated?
For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
For electronic LLDs:
• Does the turbine automatically shut off if the LLD detects a leak?
• Does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
• Does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
• Have all accessible wiring connections been visually inspected?

Notes:

3 MLDS tested- 1 failure

2 MLDS not tested- Issues with pulling fuel

F. Line Leak Detectors (LLD)

Complete the following checklist:

<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
<input type="checkbox"/>	Yes	<input checked="" 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 checked="" type="checkbox"/>	No*	<input 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
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No*	<input checked="" type="checkbox"/>	N/A

Were all items on the equipment manufacturer's maintenance checklist completed?
For equipment start-up/annual equipment certification, was a leak simulated to verify LLD?
(Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h <input type="checkbox"/> 0.2 g.p.h <input type="checkbox"/> 0.1 g.p.h
Were all LLDs confirmed operational and accurate within regulatory requirements?
Was the testing apparatus properly calibrated?
For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
For electronic LLDs:
• Does the turbine automatically shut off if the LLD detects a leak?
• Does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
• Does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
• Have all accessible wiring connections been visually inspected?



Clean Fuels Associates

7364 Edgewood Rd.
Annapolis, MD 21403

Tel: (410) 757-7576
Fax: (410) 757-5617

Containment Sump Checklist

Customer: Tim Miller
Location: Pacific Pride Station
Address: 930 Port St. Easton, MD. 21601

(MDE #)
Site: 1656

Test Date: 6/27/2016

Technician: Matthew Eader

Comments/Follow-Up Needed:												
No Sumps on Site. All Gravel under Dispensers and STPs.												
Spills tested. No containment on Stage I ports.												
MDE Tank numbers used for identification on test sheet. 96 degrees and sunny during testing.												
Varied amounts of surface water in the spills. Cleaned and tested. Pumped out.												
Choose yes or no for each question that applies. Choosing no on any item indicates a problem that should be corrected. When you have corrected the problem, check the fixed box.												
Turbine/Transition/Intermediate Sumps	Sump No. 1			Sump No. 2			Sump No. 3			Sump No. 4		
	Yes	No	Fixed									
Are the lids tight and seated correctly?												
Are the sump walls intact?												
Is the sump free of debris, liquid, or ice?												
Is the sump free of cracks or holes?												
Are sump components leak-free (No leaks or drips)												
Is the sump free of staining/ new staining?												
Are the sensors positioned correctly?												
Are all penetrations into the sump in good condition?												
Are the test boots positioned correctly/good condition?												
Is the piping and other equipment in good condition?												
Dispenser Sumps	Disp. No. 1			Disp. No. 2			Disp. No. 3			Disp. No. 4		
	Yes	No	Fixed									
Is the sump free of debris, liquid, or ice?												
Is the sump free of cracks or holes?												
Are sump components leak-free (No leaks or drips)												
Is the sump free of staining/ new staining?												
Are the sensors positioned correctly?												
Are all penetrations into the sump in good condition?												
Are the test boots positioned correctly/good condition?												
Is the piping and other equipment in good condition?												
Spill Buckets	Bucket No. 1			Bucket No. 2			Bucket No. 3			Bucket No. 4		
	Yes	No	Fixed									
Are the lids to your spill buckets in good condition?	X			X			X			X		
Is the spill bucket free of debris, liquid, or ice?			X			X			X			X
Is the spill bucket free of cracks or holes?	X			X			X			X		
Are the drain valves operational?		NA			NA			NA			NA	



Clean Fuels Associates

7364 Edgewood Rd.
Annapolis, MD 21403

Tel: (410) 757-7576
Fax: (410) 757-5617

Containment Sump Checklist

Customer: Tim Miller (MDE #)
 Location: Pacific Pride Station Site: 1656
 Address: 930 Port St. Easton, MD. 21601
 Test Date: 6/27/2016 Technician: Matthew Eader

Comments/Follow-Up Needed:												
No Sumps on Site. All Gravel under Dispensers and ST Ps.												
Spills tested. No containment on Stage I ports.												
MDE Tank numbers used for identification on test sheet. 96 degrees and sunny during testing.												
Varied amounts of surface water in the spills. Cleaned and tested. Pumped out.												
Choose yes or no for each question that applies.												
Choosing no on any item indicates a problem that should be corrected.												
When you have corrected the problem, check the fixed box.												
Turbine/Transition/ Intermediate Sumps	Sump No.			Sump No.			Sump No.			Sump No.		
	Yes	No	Fixed	Yes	No	Fixed	Yes	No	Fixed	Yes	No	Fixed
Are the lids tight and seated correctly?												
Are the sump walls intact?												
Is the sump free of debris, liquid, or ice?												
Is the sump free of cracks or holes?												
Are sump components leak-free (No leaks or drips)												
Is the sump free of staining/ new staining?												
Are the sensors positioned correctly?												
Are all penetrations into the sump in good condition?												
Are the test boots positioned correctly/good condition?												
Is the piping and other equipment in good condition?												
Dispenser Sumps	Disp. No.			Disp. No.			Disp. No.			Disp. No.		
	Yes	No	Fixed	Yes	No	Fixed	Yes	No	Fixed	Yes	No	Fixed
Is the sump free of debris, liquid, or ice?												
Is the sump free of cracks or holes?												
Are sump components leak-free (No leaks or drips)												
Is the sump free of staining/ new staining?												
Are the sensors positioned correctly?												
Are all penetrations into the sump in good condition?												
Are the test boots positioned correctly/good condition?												
Is the piping and other equipment in good condition?												
Spill Buckets	Bucket No. 5			Bucket No.			Bucket No.			Bucket No.		
	Yes	No	Fixed	Yes	No	Fixed	Yes	No	Fixed	Yes	No	Fixed
Are the lids to your spill buckets in good condition?	X											
Is the spill bucket free of debris, liquid, or ice?			X									
Is the spill bucket free of cracks or holes?	X											
Are the drain valves operational?			MA									



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Tel: (410) 757-7576
Fax: (410) 757-5617

Containment Sump Checklist

Customer: Tim Miller
Location: Pacific Pride Station
Address: 930 Port St. Easton, MD. 21601

(MDE #)
Site: 1656

Test Date: 6/27/2016 Technician: Matthew Eader

Comments/Follow-Up Needed:												
No Sumps on Site. All Gravel under Dispensers and STPs.												
Spills tested. No containment on Stage I ports.												
MDE Tank numbers used for identification on test sheet. 96 degrees and sunny during testing.												
Varied amounts of surface water in the spills. Cleaned and tested. Pumped out.												
Choose yes or no for each question that applies.												
Choosing no on any item indicates a problem that should be corrected.												
When you have corrected the problem, check the fixed box.												
Turbine/Transition/Intermediate Sumps	Sump No.											
	Yes	No	Fixed									
Are the lids tight and seated correctly?												
Are the sump walls intact?												
Is the sump free of debris, liquid, or ice?												
Is the sump free of cracks or holes?												
Are sump components leak-free (No leaks or drips)												
Is the sump free of staining/ new staining?												
Are the sensors positioned correctly?												
Are all penetrations into the sump in good condition?												
Are the test boots positioned correctly/good condition?												
Is the piping and other equipment in good condition?												
Dispenser Sumps	Disp. No.											
	Yes	No	Fixed									
Is the sump free of debris, liquid, or ice?												
Is the sump free of cracks or holes?												
Are sump components leak-free (No leaks or drips)												
Is the sump free of staining/ new staining?												
Are the sensors positioned correctly?												
Are all penetrations into the sump in good condition?												
Are the test boots positioned correctly/good condition?												
Is the piping and other equipment in good condition?												
Spill Buckets	Bucket No. 1			Bucket No. 2			Bucket No. 3			Bucket No. 4		
	Yes	No	Fixed									
Are the lids to your spill buckets in good condition?	X			X			X			X		
Is the spill bucket free of debris, liquid, or ice?			X			X			X			X
Is the spill bucket free of cracks or holes?	X			X			X			X		
Are the drain valves operational?		NA			NA			NA			NA	



Clean Fuels Associates

7364 Edgewood Rd.
Annapolis, MD 21403

Tel: (410) 757-7576
Fax: (410) 757-5617

Containment Sump Tests

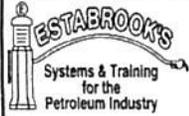
Customer: Tim Miller
Location: Pacific Pride Station
Address: 930 Port St. Easton, MD. 21601

(MDE #)
Site: 1656

Test Date: 6/26/2016 Technician: Matthew Eader

All Tests are for a period of one hour unless otherwise noted in the comment field.

Sump Number	Start Time	End Time	Start Inches	End Inches	Comment
S1					
S2					
S3					
S4					
Dispenser Number	Start Time	End Time	Start Inches	End Inches	
D1					
D2					
D3					
D4					
D5					
D6					
Bucket Number	Start Time	End Time	Start Inches	End Inches	
B1	15:02	16:02	8 7/8"	8 7/8"	Diesel(T1)- 8,000 PASS
B2	15:05	16:05	9 1/2"	9 1/2"	Mid Unleaded(T2)- 8,000 PASS
B3	15:11	16:11	9 1/8"	9 1/8"	Diesel(3A)- 4,000 PASS
B4	15:15	16:15	8 1/4"	8 1/4"	Regular Unleaded(3B)- 4,000 PASS
B5	15:25	16:25	8 1/2"	8 1/2"	Regular Unleaded(T4)- 8,000 PASS



**EZY CHECK SYSTEMS
PRODUCT LINE TESTER
DATA SHEET**

Test Date: 6/27/2016

Testing Company Information

Name: Clean Fuels Associates

Address: 7364 Edgewood Rd.

City: Annapolis, MD 21403

Phone: (410) 757 7576

Technician Information

Name: Matthew Eader

Cert #: 236465

Applied Pressure 50 psi(g)

Test Location Information

Name: Pacific Pride Station

Address: 930 Port St.

City: Easton, MD. 21601

Phone: _____

Contact: Tim Miller

Time	Product Type:		Regular Unleaded(Disp. 1/2)		
	Data	(-/+)	GPL	RES	GPH
11:50	68	0	0.0037	0	0
12:05	68	0	0.0037	0	0
12:20	68	0	0.0037	0	0
			0.0037		
			0.0037		
			0.0037		
Final Result:			PASS		

Time	Product Type:		Mid Grade Unleaded(Disp. 3)		
	Data	(-/+)	GPL	RES	GPH
12:50	21	0	0.0037	0	0
1:05	21	0	0.0037	0	0
1:20	21	0	0.0037	0	0
			0.0037		
			0.0037		
			0.0037		
Final Result:			PASS		

Time	Product Type:		Diesel(Disp. 7) (6.28.16)		
	Data	(-/+)	GPL	RES	GPH
1:43	73	0	0.0037	0	0
1:58	72	-1	0.0037	-0.0037	-0.0148
2:13	72	0	0.0037	0	0
			0.0037		
			0.0037		
			0.0037		
Final Result:			PASS		

Time	Product Type:		Diesel(Disp. 4/5) NOT TESTED		
	Data	(-/+)	GPL	RES	GPH
			0.0037		
			0.0037		
			0.0037		
			0.0037		
			0.0037		
			0.0037		
Final Result:					

Time	Product Type:		Gasoline(Disp.6) NOT TESTED		
	Data	(-/+)	GPL	RES	GPH
			0.0037		
			0.0037		
			0.0037		
			0.0037		
			0.0037		
			0.0037		
Final Result:					

Time	Product Type:		Gasoline(Disp.6) NOT TESTED		
	Data	(-/+)	GPL	RES	GPH
			0.0037		
			0.0037		
			0.0037		
			0.0037		
			0.0037		
			0.0037		
Final Result:					



Clean Fuels Associates

7364 Edgewood Rd.
Annapolis, MD 21403

Tel: (410) 757-7576
Fax: (410) 757-5617

Containment Sump Tests

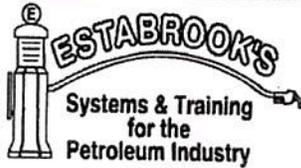
Customer: Tim Miller
Location: Pacific Pride Station
Address: 930 Port St. Easton, MD. 21601

(MDE #)
Site: 1656

Test Date: 6/26/2016 Technician: Matthew Eader

All Tests are for a period of one hour unless otherwise noted in the comment field.

Sump Number	Start Time	End Time	Start Inches	End Inches	Comment
S1					
S2					
S3					
S4					
Dispenser Number	Start Time	End Time	Start Inches	End Inches	
D1					
D2					
D3					
D4					
D5					
D6					
Bucket Number	Start Time	End Time	Start Inches	End Inches	
B1	15:02	16:02	8 7/8"	8 7/8"	Diesel(T1)- 8,000 PASS
B2	15:05	16:05	9 1/2"	9 1/2"	Mid Unleaded(T2)- 8,000 PASS
B3	15:11	16:11	9 1/8"	9 1/8"	Diesel(3A)- 4,000 PASS
B4	15:15	16:15	8 1/4"	8 1/4"	Regular Unleaded(3B)- 4,000 PASS
B5	15:25	16:25	8 1/2"	8 1/2"	Regular Unleaded(T4)- 8,000 PASS



EZY CHEK SYSTEMS
PRODUCT LINE TEST
FINAL REPORT

Test Date: 6/27/2016

Test Location Information

Name: Pacific Pride Station

Address: 930 Port St.

City: Easton, MD. 21601

Phone: _____

Contact: Tim Miller

Name: Clean Fuels Associates

Address: 7364 Edgewood Rd.

City: Annapolis, MD 21403

Phone: (410) 757-7576

Technician Information:

Name: Matthew Eader

Cert. #: 236465

Applied Pressure: 50 PSI (g)

**Product line test
Final Report**

Product Type	Line ID number	PASS	FAIL
Gasoline	L04(Tank #4)	X	
Mid Gas	L02(Tank #2)	X	
Diesel	L03A(Tank #3A)	X	
Diesel	L01(Tank #1)		
Gasoline	L03B(Tank #3B)		

Comments/ Recommendations: Silver bullet installed to test L02. Ball valves good on L04 and L03A. Pumps are in a Dry run and can not pull product to test L01 and L03B. Testing is pending.

Technician Signature: Matthew Eader Date: 6/27/2016



ESTABROOK'S EZY CHEK LEAK DETECTOR TEST RESULTS

DATE:	<u>6/27/2016</u>		
TESTING	<u>Clean Fuels Associates</u>	TEST SITE:	<u>Pacific Pride Station</u>
ADDRESS	<u>7364 Edgewood Rd.</u>	ADDRESS:	<u>930 Port St. Easton, MD.</u>
	<u>Annapolis, MD 21403</u>		<u>21601</u>
PHONE:	<u>(410) 757-7576</u>		
TECH NAME & CERT #:	<u>Matthew Eader #236465</u>		

TEST REPORT INDICATES

TYPE OF LEAK DETECTOR TESTED

PUMP #	MAKE	MODEL	SERIAL #
1	<u>Veeder-Root</u>	<u>FX1DV</u>	<u>Unreadable</u>
2	<u>Veeder-Root</u>	<u>FX1V</u>	<u>Unreadable</u>
3			
4	<u>Veeder-Root</u>	<u>FX1V</u>	<u>Unreadable</u>
5			
6			
7			
8			

PUMP #	PRODUCT TYPE	METERING PRESSURE	FUNCTIONAL ELEMENT HOLDING PSI	RESILIENCY	TEST LEAK RATE ML/MIN	OPENING TIME	PASS FAIL
1					189 ml		
2	Mid Grade(Disp. 3)(Tank #2)	28	28	330 ML	189 ml	5 sec.	P
3A	Diesel(Disp. 7)(Tank #3A)	30	30	250 ML	189 ml	4 sec.	P
3B					189 ml		
4	Unleaded Regular(Disp. 1/2)(Tank #4)	30	30	450 ML	189 ml	0 sec.	F
					189 ml		
					189 ml		
					189 ml		

** Dry runs on Tank 1 and Tank 3B. Can not test lines or MLD. Need new MLD for Tank 4**



EZY CHEK SYSTEMS
 PRODUCT LINE TEST
 FINAL REPORT

Test Date: 6/27/2016

Test Location Information

Name: Pacific Pride Station

Address: 930 Port St.

City: Easton, MD. 21601

Phone: _____

Contact: Tim Miller

Name: Clean Fuels Associates

Address: 7364 Edgewood Rd.

City: Annapolis, MD 21403

Phone: (410) 757-7576

Technician Information:

Name: Matthew Eader

Cert. #: 236465

Applied Pressure: 50 PSI (g)

**Product line test
 Final Report**

Product Type	Line ID number	PASS	FAIL
Gasoline	L04(Tank #4)	X	
Mid Gas	L02(Tank #2)	X	
Diesel	L03A(Tank #3A)	X	
Diesel	L01(Tank #1)		
Gasoline	L03B(Tank #3B)		

Comments/ Recommendations: Silver bullet installed to test L02. Ball valves good on L04 and L03A. Pumps are in a Dry run and can not pull product to test L01 and L03B. Testing is pending.

Technician Signature: Matthew Eader Date: 6/27/2016

EZY 3 LOCATOR PLUS

MANUFACTURED BY: ESTABROOK'S INC. 1-877-368-7215

PRESSURE CALCULATION & WATER SENSOR CALIBRATION DATA SHEET

DATE Monday, June 27, 2016
 TOTAL TANK VOL. 8060 Gallons
 PRODUCT VOL. 572 Gallons
 ULLAGE VOL. 7488 Gallons
 PRODUCT TYPE Unleaded Gasoline

MDE # 1656
 TANK # 4
 LOCATION 930 Port St. Easton, MD.
21601

PRESSURE SENSOR CALCULATION

<u>8.0</u> INCHES OF PRODUCT	X	<u>0.026</u> WEIGHT OF PRODUCT	=	<u>0.208</u>	PSI (1)
<u>3.0</u> INCHES OF WATER IN TANK	X	<u>.036</u>	=	<u>0.108</u>	PSI (2)
Line 1 + Line 2 = Total Positive Head Pressure In Tank			=	<u>0.316</u>	PSI (3)
<u>72.0</u> INCHES OF WATER OUTSIDE TANK	X	<u>.036</u>	=	<u>2.592</u>	PSI (4)
Total Head Pressure Minus Outside Water Pressure			=	<u>-2.276</u>	+/-PSI (5)
Always add .5 PSI			+	<u>0.500</u>	PSI (6)
NOTE: If Line 6 is Less Than .5 PSI Line 7 Shall be .5 PSI			=	<u>-1.776</u>	+/-PSI (7)
TEST PRESSURE				<u>**TEST AT .500**</u>	

ACOUSTIC TEST TIME

	TIME	PRESSURE
Blower Started:	<u>9:14 AM</u>	<u>0.0</u>
Test Pressure Reached:	<u>9:19 AM</u>	<u>0.512</u>
Blower Turned Off:	<u>9:38 AM</u>	<u>0.540</u>
Test Began:	<u>9:41 AM</u>	<u>0.538</u>
Test Ended:	<u>9:56 AM</u>	<u>0.521</u>

Depth of Groundwater Determined:

By: Interface Meter

Where: Monitoring Wells(4)

WATER SENSOR CALIBRATION

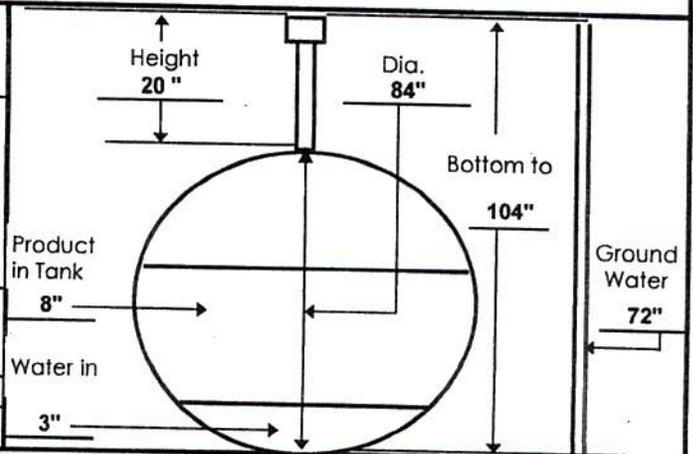
Added: 175 150 150
 Cal #1 Cal #2 Cal #3
 Average: 158

Calculation for Test Period:

158 ÷ 3780 = 0.042 ÷ .05 X 60 = 51 minutes
 Ave. Cal. "A" Factor Time of Test

WATER INTRUSION TEST PERIOD

Began: 10:25 AM
 Ended: 11:20 AM



EZY 3 LOCATOR PLUS

FINAL REPORT

MANUFACTURED BY: ESTABROOK'S INC. 1-877-368-7215

DATE June 27, 2016 PBS # (NEW YORK) 1656
TOTAL TANK VOL. 8060 Gallons TANK # 4
PRODUCT VOL. 572 Gallons LOCATION _____
ULLAGE VOL. 7488 Gallons 930 Port St. Easton, MD.
PRODUCT TYPE Unleaded Gasoline 21601

THE ACOUSTIC CHARACTERISTIC OF A LEAK REVEALS:

TIGHT TANK

THIS UNDERGROUND STORAGE TANK PASSES THE CRITERIA SET FORTH BY THE U.S. EPA.

ULLAGE (DRY) PORTION LEAK

THIS UNDERGROUND STORAGE TANK 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.

WATER SENSOR INDICATES:

(CHECK ONLY ONE)

NO WATER INTRUSION WATER INTRUSION _____ NOT APPLICABLE _____

Operator Information:

Print Name Matthew Eader Certification # 236465
Sign Name Matthew Eader Expiration Date 9/25/2017
Testing Firm Clean Fuels Associates Telephone # 301-829-0875
Address 7364 Edgewood Rd.
Annapolis, MD. 21409

NEW YORK STATE REQUIREMENT: A DIAGRAM OF THE TANK SYSTEM MUST BE SUBMITTED TO THE STATE WITH THIS REPORT

EQUIPMENT SERIAL NUMBERS & CALIBRATION EXPIRATION DATES:

	<u>Serial Number</u>	<u>Calibration Expiration Date</u>
Water Sensor Display	<u>D0821305</u>	<u>11/1/2016</u>
Water Sensor Probe	<u>P0826703</u>	<u>11/1/2016</u>
Acoustic Signal Processor	<u>E0811015</u>	<u>11/1/2016</u>
In-Tank Microphone	<u>M0830004</u>	<u>11/1/2016</u>
Pressure Sensor	<u>71106108</u>	<u>11/1/2016</u>

EZY 3 LOCATOR PLUS

MANUFACTURED BY: ESTABROOK'S INC. 1-877-368-7215

PRESSURE CALCULATION & WATER SENSOR CALIBRATION

DATA SHEET

DATE Monday, June 27, 2016

TOTAL TANK VOL. 8060 Gallons

PRODUCT VOL. 572 Gallons

ULLAGE VOL. 7488 Gallons

PRODUCT TYPE Unleaded Gasoline

MDE # 1656

TANK # 4

LOCATION 930 Port St. Easton, MD.

21601

PRESSURE SENSOR CALCULATION

<u>8.0</u>	X	<u>0.026</u>	=	<u>0.208</u>	PSI (1)
INCHES OF PRODUCT		WEIGHT OF PRODUCT			
<u>3.0</u>	X	<u>.036</u>	=	<u>0.108</u>	PSI (2)
INCHES OF WATER IN TANK					
Line 1 + Line 2 = Total Positive Head Pressure In Tank			=	<u>0.316</u>	PSI (3)
<u>72.0</u>	X	<u>.036</u>	=	<u>2.592</u>	PSI (4)
INCHES OF WATER OUTSIDE TANK					
Total Head Pressure Minus Outside Water Pressure			=	<u>-2.276</u>	+/-PSI (5)
Always add .5 PSI			+	<u>0.500</u>	PSI (6)
NOTE: If Line 6 is Less Than .5 PSI Line 7 Shall be .5 PSI					
TEST PRESSURE			=	<u>-1.776</u>	+/-PSI (7)
				TEST AT .500	

ACOUSTIC TEST TIME

	TIME	PRESSURE
Blower Started:	<u>9:14 AM</u>	<u>0.0</u>
Test Pressure Reached:	<u>9:19 AM</u>	<u>0.512</u>
Blower Turned Off:	<u>9:38 AM</u>	<u>0.540</u>
Test Began:	<u>9:41 AM</u>	<u>0.538</u>
Test Ended:	<u>9:56 AM</u>	<u>0.521</u>

Depth of Groundwater Determined:

By: Interface Meter

Where: Monitoring Wells(4)

WATER SENSOR CALIBRATION

Added: 175 150 150

Average: 158

Cal #1 Cal #2 Cal #3

Calculation for Test Period:

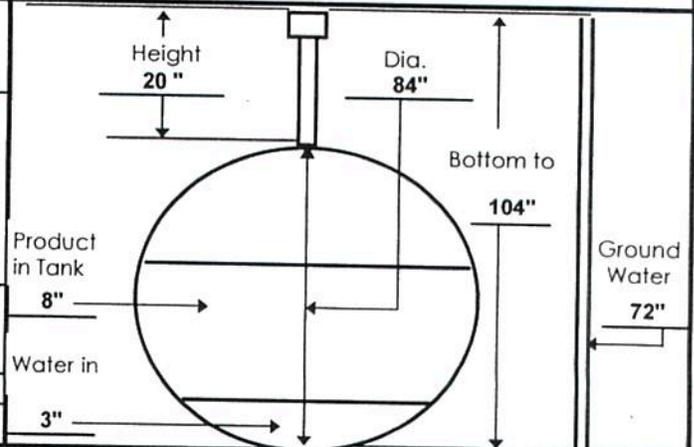
158 ÷ 3780 = 0.042 ÷ .05 X 60 = 51 minutes

Ave. Cal. "A" Factor Time of Test

WATER INTRUSION TEST PERIOD

Began: 10:25 AM

Ended: 11:20 AM



EZY 3 LOCATOR PLUS

MANUFACTURED BY: ESTABROOK'S INC. 1-877-368-7215

PRESSURE CALCULATION & WATER SENSOR CALIBRATION DATA SHEET

DATE Monday, June 27, 2016

TOTAL TANK VOL. 8060 Gallons

PRODUCT VOL. 450 Gallons

ULLAGE VOL. 7610 Gallons

PRODUCT TYPE Mid Grade Gasoline

MDE # 1656

TANK # 2

LOCATION 930 Port St. Easton, MD.

21601

PRESSURE SENSOR CALCULATION

<u>9.0</u> INCHES OF PRODUCT	X	<u>0.026</u> WEIGHT OF PRODUCT	=	<u>0.234</u>	PSI (1)
<u>0.0</u> INCHES OF WATER IN TANK	X	<u>.036</u>	=	<u>0.000</u>	PSI (2)
Line 1 + Line 2 = Total Positive Head Pressure In Tank			=	<u>0.234</u>	PSI (3)
<u>72.0</u> INCHES OF WATER OUTSIDE TANK	X	<u>.036</u>	=	<u>2.592</u>	PSI (4)
Total Head Pressure Minus Outside Water Pressure			=	<u>-2.358</u>	+/-PSI (5)
Always add .5 PSI			+	<u>0.500</u>	PSI (6)
NOTE: If Line 6 is Less Than .5 PSI Line 7 Shall be .5 PSI					
TEST PRESSURE			=	<u>-1.858</u>	+/-PSI (7)

****TEST at .500****

ACOUSTIC TEST TIME

	TIME	PRESSURE
Blower Started:	<u>11:37 AM</u>	<u>0.0</u>
Test Pressure Reached:	<u>11:48 AM</u>	<u>0.544</u>
Blower Turned Off:	<u>12:07 PM</u>	<u>0.605</u>
Test Began:	<u>12:10 PM</u>	<u>0.599</u>
Test Ended:	<u>12:25 PM</u>	<u>0.588</u>

Depth of Groundwater Determined:

By: Interface Meter

Where: Monitoring Wells(4)

WATER SENSOR CALIBRATION

Added: 150 150 150
Cal #1 Cal #2 Cal #3

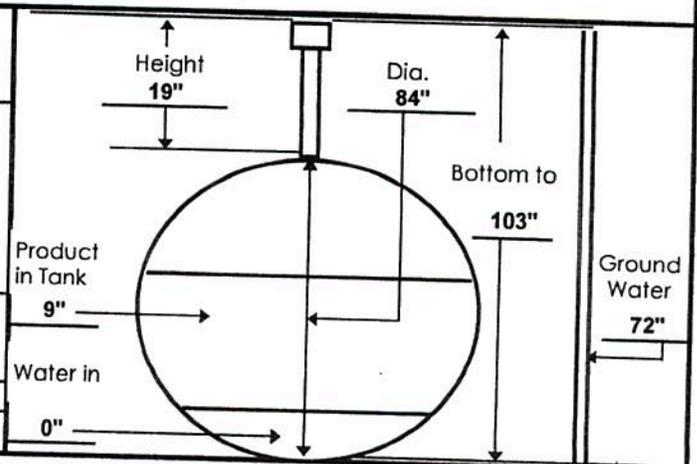
Average: 150

Calculation for Test Period:

$\frac{150}{\text{Ave. Cal.}} \div 3780 = \frac{0.040}{\text{"A" Factor}} \div .05 \times 60 = \frac{48 \text{ min}}{\text{Time of Test}}$

WATER INTRUSION TEST PERIOD

Began: 12:55 PM
Ended: 1:45 PM



EZY 3 LOCATOR PLUS

FINAL REPORT

MANUFACTURED BY: ESTABROOK'S INC. 1-877-368-7215

DATE June 27, 2016 PBS # (NEW YORK) 1656
TOTAL TANK VOL. 8060 Gallons TANK # 2
PRODUCT VOL. 450 Gallons LOCATION 930 Port St. Easton, MD.
ULLAGE VOL. 7610 Gallons 21601
PRODUCT TYPE Mid Grade Gasoline

THE ACOUSTIC CHARACTERISTIC OF A LEAK REVEALS:

TIGHT TANK

THIS UNDERGROUND STORAGE TANK PASSES THE CRITERIA SET FORTH BY THE U.S. EPA.

ULLAGE (DRY) PORTION LEAK

THIS UNDERGROUND STORAGE TANK 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.

WATER SENSOR INDICATES:

(CHECK ONLY ONE)

NO WATER INTRUSION WATER INTRUSION NOT APPLICABLE

Operator Information:

Print Name Matthew Eader Certification # 236465
Sign Name Matthew Eader Expiration Date 9/25/2017
Testing Firm Clean Fuels Associates Telephone # 301-829-0875
Address 7364 Edgewood Rd.
Annapolis, MD. 21409

NEW YORK STATE REQUIREMENT: A DIAGRAM OF THE TANK SYSTEM MUST BE SUBMITTED TO THE STATE WITH THIS REPORT

EQUIPMENT SERIAL NUMBERS & CALIBRATION EXPIRATION DATES:

	<u>Serial Number</u>	<u>Calibration Expiration Date</u>
Water Sensor Display	<u>D0821305</u>	<u>11/1/2016</u>
Water Sensor Probe	<u>P0826703</u>	<u>11/1/2016</u>
Acoustic Signal Processor	<u>E0811015</u>	<u>11/1/2016</u>
In-Tank Microphone	<u>M0830004</u>	<u>11/1/2016</u>
Pressure Sensor	<u>71106108</u>	<u>11/1/2016</u>

EZY 3 LOCATOR PLUS

MANUFACTURED BY: ESTABROOK'S INC. 1-877-368-7215

PRESSURE CALCULATION & WATER SENSOR CALIBRATION

DATA SHEET

DATE Monday, June 27, 2016

TOTAL TANK VOL. 8060 Gallons

PRODUCT VOL. 450 Gallons

ULLAGE VOL. 7610 Gallons

PRODUCT TYPE Mid Grade Gasoline

MDE # 1656

TANK # 2

LOCATION 930 Port St. Easton, MD.

21601

PRESSURE SENSOR CALCULATION

<u>9.0</u>	X	<u>0.026</u>	=	<u>0.234</u>	PSI (1)
INCHES OF PRODUCT		WEIGHT OF PRODUCT			
<u>0.0</u>	X	<u>.036</u>	=	<u>0.000</u>	PSI (2)
INCHES OF WATER IN TANK					
Line 1 + Line 2 = Total Positive Head Pressure In Tank			=	<u>0.234</u>	PSI (3)
<u>72.0</u>	X	<u>.036</u>	=	<u>2.592</u>	PSI (4)
INCHES OF WATER OUTSIDE TANK					
Total Head Pressure Minus Outside Water Pressure			=	<u>-2.358</u>	+/-PSI (5)
Always add .5 PSI			+	<u>0.500</u>	PSI (6)
NOTE: If Line 6 is Less Than .5 PSI Line 7 Shall be .5 PSI					
TEST PRESSURE			=	<u>-1.858</u>	+/-PSI (7)
				TEST at .500	

ACOUSTIC TEST TIME

	TIME	PRESSURE
Blower Started:	<u>11:37 AM</u>	<u>0.0</u>
Test Pressure Reached:	<u>11:48 AM</u>	<u>0.544</u>
Blower Turned Off:	<u>12:07 PM</u>	<u>0.605</u>
Test Began:	<u>12:10 PM</u>	<u>0.599</u>
Test Ended:	<u>12:25 PM</u>	<u>0.588</u>

Depth of Groundwater Determined:

By: Interface Meter

Where: Monitoring Wells(4)

WATER SENSOR CALIBRATION

Added: 150 150 150

Average: 150

Cal #1 Cal #2 Cal #3

Calculation for Test Period:

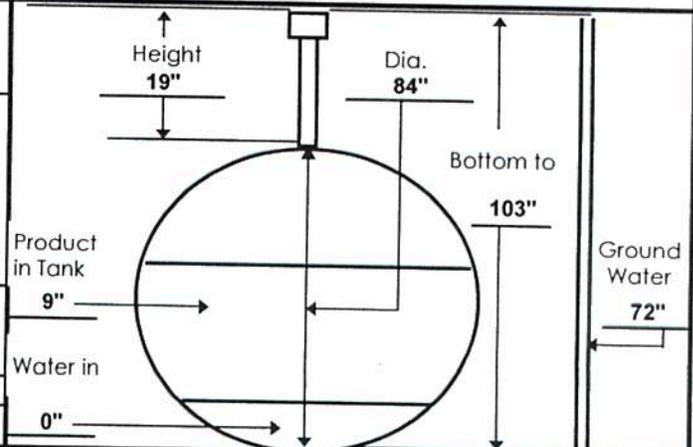
150 ÷ 3780 = 0.040 ÷ .05 X 60 = 48 min

Ave. Cal. "A" Factor Time of Test

WATER INTRUSION TEST PERIOD

Began: 12:55 PM

Ended: 1:45 PM



EZY 3 LOCATOR PLUS

MANUFACTURED BY: ESTABROOK'S INC. 1-877-368-7215

PRESSURE CALCULATION & WATER SENSOR CALIBRATION DATA SHEET

DATE Monday, June 27, 2016

TOTAL TANK VOL. 8060 Gallons

PRODUCT VOL. 662 Gallons

ULLAGE VOL. 7398 Gallons

PRODUCT TYPE Diesel

MDE # 1656

TANK # 1

LOCATION 930 Port St. Easton, MD.

21601

PRESSURE SENSOR CALCULATION

<u>11.0</u> INCHES OF PRODUCT	X	<u>0.031</u> WEIGHT OF PRODUCT	=	<u>0.341</u>	PSI (1)
<u>0.5</u> INCHES OF WATER IN TANK	X	<u>.036</u>	=	<u>0.018</u>	PSI (2)
Line 1 + Line 2 = Total Positive Head Pressure In Tank			=	<u>0.359</u>	PSI (3)
<u>72.0</u> INCHES OF WATER OUTSIDE TANK	X	<u>.036</u>	=	<u>2.592</u>	PSI (4)
Total Head Pressure Minus Outside Water Pressure			=	<u>-2.233</u>	+/-PSI (5)
Always add .5 PSI			+	<u>0.500</u>	PSI (6)
NOTE: If Line 6 is Less Than .5 PSI Line 7 Shall be .5 PSI			=	<u>-1.733</u>	+/-PSI (7)
TEST PRESSURE				<u>**TEST at .500**</u>	

ACOUSTIC TEST TIME

	TIME	PRESSURE
Blower Started:	<u>2:02 PM</u>	<u>0.0</u>
Test Pressure Reached:	<u>2:14 PM</u>	<u>0.516</u>
Blower Turned Off:	<u>2:29 PM</u>	<u>0.522</u>
Test Began:	<u>2:32 PM</u>	<u>0.519</u>
Test Ended:	<u>2:47 PM</u>	<u>0.503</u>

Depth of Groundwater Determined:

By: Interface Meter

Where: Monitoring Wells(4)

WATER SENSOR CALIBRATION

Added: 150 150 150

Average: 150

Cal #1 Cal #2 Cal #3

Calculation for Test Period:

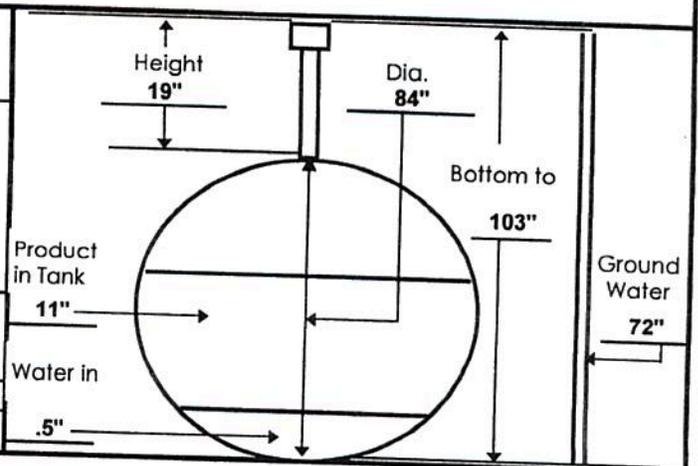
150 ÷ 3780 = 0.040 ÷ .05 X 60 = 48 min

Ave. Cal. "A" Factor Time of Test

WATER INTRUSION TEST PERIOD

Began: 3:16 PM

Ended: 4:05 PM



EZY 3 LOCATOR PLUS

FINAL REPORT

MANUFACTURED BY: ESTABROOK'S INC. 1-877-368-7215

DATE June 27, 2016

PBS # (NEW YORK) 1656

TOTAL TANK VOL. 8060 Gallons

TANK # 1

PRODUCT VOL. 662 Gallons

LOCATION _____

ULLAGE VOL. 7398 Gallons

930 Port St. Easton, MD.

PRODUCT TYPE Diesel

21601

THE ACOUSTIC CHARACTERISTIC OF A LEAK REVEALS:

X

TIGHT TANK

THIS UNDERGROUND STORAGE TANK PASSES THE CRITERIA SET FORTH BY THE U.S. EPA.

ULLAGE (DRY) PORTION LEAK

THIS UNDERGROUND STORAGE TANK 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.

WATER SENSOR INDICATES:

(CHECK ONLY ONE)

NO WATER INTRUSION

X

WATER INTRUSION _____

NOT APPLICABLE _____

Operator Information:

Print Name Matthew Eader
Sign Name Matthew Eader
Testing Firm Clean Fuels Associates
Address 7364 Edgewood Rd.
Annapolis, MD. 21409

Certification # 236465
Expiration Date 9/25/2017
Telephone # 301-829-0875

NEW YORK STATE REQUIREMENT: A DIAGRAM OF THE TANK SYSTEM MUST BE SUBMITTED TO THE STATE WITH THIS REPORT

EQUIPMENT SERIAL NUMBERS & CALIBRATION EXPIRATION DATES:

	<u>Serial Number</u>	<u>Calibration Expiration Date</u>
Water Sensor Display	<u>D0821305</u>	<u>11/1/2016</u>
Water Sensor Probe	<u>P0826703</u>	<u>11/1/2016</u>
Acoustic Signal Processor	<u>E0811015</u>	<u>11/1/2016</u>
In-Tank Microphone	<u>M0830004</u>	<u>11/1/2016</u>
Pressure Sensor	<u>71106108</u>	<u>11/1/2016</u>

EZY 3 LOCATOR PLUS

MANUFACTURED BY: ESTABROOK'S INC. 1-877-368-7215

PRESSURE CALCULATION & WATER SENSOR CALIBRATION

DATA SHEET

DATE Monday, June 27, 2016

TOTAL TANK VOL. 8060 Gallons

PRODUCT VOL. 662 Gallons

ULLAGE VOL. 7398 Gallons

PRODUCT TYPE Diesel

MDE # 1656

TANK # 1

LOCATION 930 Port St. Easton, MD.

21601

PRESSURE SENSOR CALCULATION

<u>11.0</u>	X	<u>0.031</u>	=	<u>0.341</u>	PSI (1)
INCHES OF PRODUCT		WEIGHT OF PRODUCT			
<u>0.5</u>	X	<u>.036</u>	=	<u>0.018</u>	PSI (2)
INCHES OF WATER IN TANK					
Line 1 + Line 2 = Total Positive Head Pressure In Tank			=	<u>0.359</u>	PSI (3)
<u>72.0</u>	X	<u>.036</u>	=	<u>2.592</u>	PSI (4)
INCHES OF WATER OUTSIDE TANK					
Total Head Pressure Minus Outside Water Pressure			=	<u>-2.233</u>	+/-PSI (5)
Always add .5 PSI			+	<u>0.500</u>	PSI (6)
NOTE: If Line 6 is Less Than .5 PSI Line 7 Shall be .5 PSI					
TEST PRESSURE			=	<u>-1.733</u>	+/-PSI (7)
				TEST at .500	

ACOUSTIC TEST TIME

	TIME	PRESSURE
Blower Started:	<u>2:02 PM</u>	<u>0.0</u>
Test Pressure Reached:	<u>2:14 PM</u>	<u>0.516</u>
Blower Turned Off:	<u>2:29 PM</u>	<u>0.522</u>
Test Began:	<u>2:32 PM</u>	<u>0.519</u>
Test Ended:	<u>2:47 PM</u>	<u>0.503</u>

Depth of Groundwater Determined:

By: Interface Meter

Where: Monitoring Wells(4)

WATER SENSOR CALIBRATION

Added: 150 150 150

Cal #1 Cal #2 Cal #3

Average: 150

Calculation for Test Period:

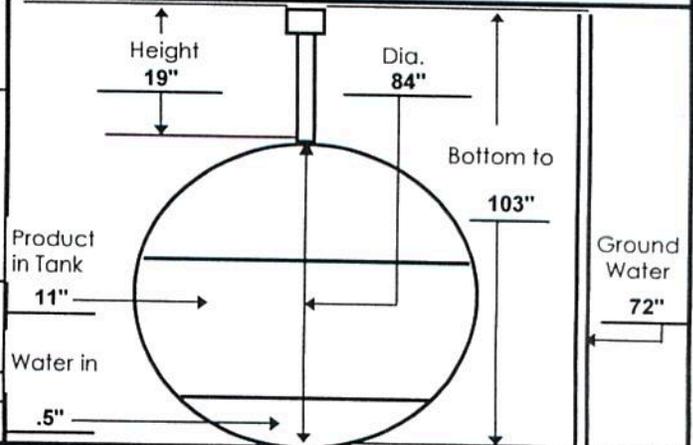
150 ÷ 3780 = 0.040 ÷ .05 X 60 = 48 min

Ave. Cal. "A" Factor Time of Test

WATER INTRUSION TEST PERIOD

Began: 3:16 PM

Ended: 4:05 PM



EZY 3 LOCATOR PLUS

MANUFACTURED BY: ESTABROOK'S INC. 1-877-368-7215

PRESSURE CALCULATION & WATER SENSOR CALIBRATION DATA SHEET

DATE Tuesday, June 28, 2016

TOTAL TANK VOL. 4035 Gallons

PRODUCT VOL. 746 Gallons

ULLAGE VOL. 3289 Gallons

PRODUCT TYPE Diesel

MDE # 1656

TANK # 3A

LOCATION 930 Port St. Easton, MD.

21601

PRESSURE SENSOR CALCULATION

<u>21.0</u> INCHES OF PRODUCT	X	<u>0.031</u> WEIGHT OF PRODUCT	=	<u>0.651</u>	PSI (1)
<u>1.0</u> INCHES OF WATER IN TANK	X	<u>.036</u>	=	<u>0.036</u>	PSI (2)
Line 1 + Line 2 = Total Positive Head Pressure In Tank			=	<u>0.687</u>	PSI (3)
<u>72.0</u> INCHES OF WATER OUTSIDE TANK	X	<u>.036</u>	=	<u>2.592</u>	PSI (4)
Total Head Pressure Minus Outside Water Pressure			=	<u>-1.905</u>	+/-PSI (5)
Always add .5 PSI			+	<u>0.500</u>	PSI (6)
NOTE: If Line 6 is Less Than .5 PSI Line 7 Shall be .5 PSI					
TEST PRESSURE			=	<u>-1.405</u>	+/-PSI (7)
				TEST at .500	

ACOUSTIC TEST TIME

	TIME	PRESSURE
Blower Started:	<u>8:49 AM</u>	<u>0.0</u>
Test Pressure Reached:	<u>9:06 AM</u>	<u>0.506</u>
Blower Turned Off:	<u>9:25 AM</u>	<u>0.512</u>
Test Began:	<u>9:28 AM</u>	<u>0.511</u>
Test Ended:	<u>9:43 AM</u>	<u>0.507</u>

Depth of Groundwater Determined:

By: Interface Meter

Where: Monitoring Wells(4)

WATER SENSOR CALIBRATION

Added: 100 Cal #1 100 Cal #2 100 Cal #3

Average: 100

Calculation for Test Period:

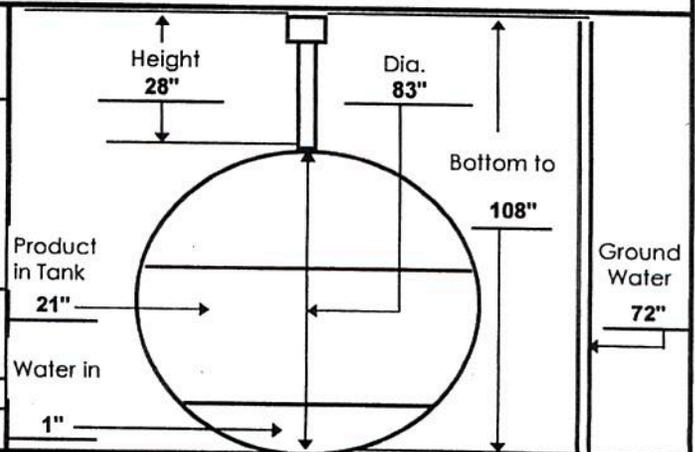
100 ÷ 3780 = 0.026 ÷ .05 X 60 = 32 min

Ave. Cal. "A" Factor Time of Test

WATER INTRUSION TEST PERIOD

Began: 10:04 AM

Ended: 10:40 AM



EZY 3 LOCATOR PLUS

FINAL REPORT

MANUFACTURED BY: ESTABROOK'S INC. 1-877-368-7215

DATE June 27, 2016 PBS # (NEW YORK) 1656
TOTAL TANK VOL. 4035 Gallons TANK # 3A
PRODUCT VOL. 746 Gallons LOCATION _____
ULLAGE VOL. 3289 Gallons 930 Port St. Easton, MD.
PRODUCT TYPE Diesel 21601

THE ACOUSTIC CHARACTERISTIC OF A LEAK REVEALS:

X

TIGHT TANK

THIS UNDERGROUND STORAGE TANK PASSES THE CRITERIA SET FORTH BY THE U.S. EPA.

ULLAGE (DRY) PORTION LEAK

THIS UNDERGROUND STORAGE TANK 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.

WATER SENSOR INDICATES:

(CHECK ONLY ONE)

NO WATER INTRUSION X WATER INTRUSION _____ NOT APPLICABLE _____

Operator Information:

Print Name Matthew Eader Certification # 236465
Sign Name Matthew Eader Expiration Date 9/25/2017
Testing Firm Clean Fuels Associates Telephone # 301-829-0875
Address 7364 Edgewood Rd.
Annapolis, MD. 21409

NEW YORK STATE REQUIREMENT: A DIAGRAM OF THE TANK SYSTEM MUST BE SUBMITTED TO THE STATE WITH THIS REPORT

EQUIPMENT SERIAL NUMBERS & CALIBRATION EXPIRATION DATES:

	<u>Serial Number</u>	<u>Calibration Expiration Date</u>
Water Sensor Display	<u>D0821305</u>	<u>11/1/2016</u>
Water Sensor Probe	<u>P0826703</u>	<u>11/1/2016</u>
Acoustic Signal Processor	<u>E0811015</u>	<u>11/1/2016</u>
In-Tank Microphone	<u>M0830004</u>	<u>11/1/2016</u>
Pressure Sensor	<u>71106108</u>	<u>11/1/2016</u>

EZY 3 LOCATOR PLUS

MANUFACTURED BY: ESTABROOK'S INC. 1-877-368-7215

PRESSURE CALCULATION & WATER SENSOR CALIBRATION

DATA SHEET

DATE Tuesday, June 28, 2016

TOTAL TANK VOL. 4035 Gallons

PRODUCT VOL. 746 Gallons

ULLAGE VOL. 3289 Gallons

PRODUCT TYPE Diesel

MDE # 1656

TANK # 3A

LOCATION 930 Port St. Easton, MD.

21601

PRESSURE SENSOR CALCULATION

<u>21.0</u>	X	<u>0.031</u>	=	<u>0.651</u>	PSI (1)
INCHES OF PRODUCT		WEIGHT OF PRODUCT			
<u>1.0</u>	X	<u>.036</u>	=	<u>0.036</u>	PSI (2)
INCHES OF WATER IN TANK					
Line 1 + Line 2 = Total Positive Head Pressure In Tank			=	<u>0.687</u>	PSI (3)
<u>72.0</u>	X	<u>.036</u>	=	<u>2.592</u>	PSI (4)
INCHES OF WATER OUTSIDE TANK					
Total Head Pressure Minus Outside Water Pressure			=	<u>-1.905</u>	+/-PSI (5)
Always add .5 PSI			+	<u>0.500</u>	PSI (6)
NOTE: If Line 6 is Less Than .5 PSI Line 7 Shall be .5 PSI					
TEST PRESSURE			=	<u>-1.405</u>	+/-PSI (7)
				TEST at .500	

ACOUSTIC TEST TIME

	TIME	PRESSURE
Blower Started:	<u>8:49 AM</u>	<u>0.0</u>
Test Pressure Reached:	<u>9:06 AM</u>	<u>0.506</u>
Blower Turned Off:	<u>9:25 AM</u>	<u>0.512</u>
Test Began:	<u>9:28 AM</u>	<u>0.511</u>
Test Ended:	<u>9:43 AM</u>	<u>0.507</u>

Depth of Groundwater Determined:

By: Interface Meter

Where: Monitoring Wells(4)

WATER SENSOR CALIBRATION

Added: 100 100 100

Average: 100

Cal #1 Cal #2 Cal #3

Calculation for Test Period:

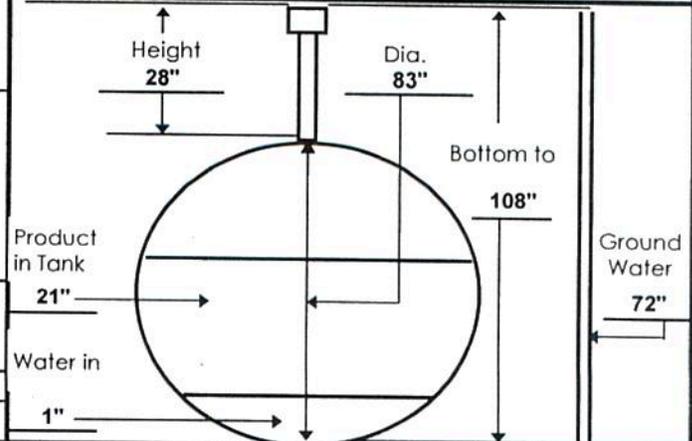
100 ÷ 3780 = 0.026 ÷ .05 X 60 = 32 min

Ave. Cal. "A" Factor Time of Test

WATER INTRUSION TEST PERIOD

Began: 10:04 AM

Ended: 10:40 AM



EZY 3 LOCATOR PLUS

MANUFACTURED BY: ESTABROOK'S INC. 1-877-368-7215

PRESSURE CALCULATION & WATER SENSOR CALIBRATION DATA SHEET

DATE Tuesday, June 28, 2016

TOTAL TANK VOL. 4035 Gallons

PRODUCT VOL. 543 Gallons

ULLAGE VOL. 3492 Gallons

PRODUCT TYPE Unleaded Gasoline

MDE # 1656

TANK # 3B

LOCATION 930 Port St. Easton, MD.

21601

PRESSURE SENSOR CALCULATION

<u>12.0</u>	X	<u>0.026</u>	=	<u>0.312</u>	PSI (1)
INCHES OF PRODUCT		WEIGHT OF PRODUCT			
<u>2.5</u>	X	<u>.036</u>	=	<u>0.090</u>	PSI (2)
INCHES OF WATER IN TANK					
Line 1 + Line 2 = Total Positive Head Pressure In Tank					
<u>72.0</u>	X	<u>.036</u>	=	<u>0.402</u>	PSI (3)
INCHES OF WATER OUTSIDE TANK				<u>2.592</u>	PSI (4)
Total Head Pressure Minus Outside Water Pressure					
			=	<u>-2.190</u>	+/-PSI (5)
Always add .5 PSI					
			+	<u>0.500</u>	PSI (6)
NOTE: If Line 6 is Less Than .5 PSI Line 7 Shall be .5 PSI					
			=	<u>-1.690</u>	+/-PSI (7)
TEST PRESSURE					

ACOUSTIC TEST TIME

	TIME	PRESSURE
Blower Started:	<u>10:56 AM</u>	<u>0.0</u>
Test Pressure Reached:	<u>11:08 AM</u>	<u>0.522</u>
Blower Turned Off:	<u>11:27 AM</u>	<u>0.526</u>
Test Began:	<u>11:30 AM</u>	<u>0.524</u>
Test Ended:	<u>11:45 AM</u>	<u>0.519</u>

Depth of Groundwater Determined:

By: Interface Meter

Where: Monitoring Wells(4)

WATER SENSOR CALIBRATION

Added: 100 Cal #1 100 Cal #2 100 Cal #3

Average: 100

Calculation for Test Period:

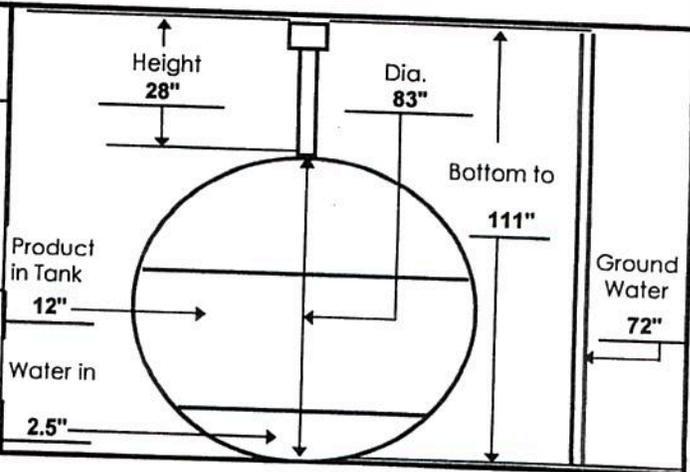
100 ÷ 3780 = 0.026 "A" Factor

0.026 × 60 = 32 min Time of Test

WATER INTRUSION TEST PERIOD

Began: 12:12 PM

Ended: 12:47 PM



EZY 3 LOCATOR PLUS

FINAL REPORT

MANUFACTURED BY: ESTABROOK'S INC. 1-877-368-7215

DATE June 28, 2016 PBS # (NEW YORK) 1656
TOTAL TANK VOL. 4035 Gallons TANK # 3B
PRODUCT VOL. 543 Gallons LOCATION _____
ULLAGE VOL. 3492 Gallons 930 Port St. Easton, MD.
PRODUCT TYPE Unleaded Gasoline 21601

THE ACOUSTIC CHARACTERISTIC OF A LEAK REVEALS:

TIGHT TANK

THIS UNDERGROUND STORAGE TANK PASSES THE CRITERIA SET FORTH BY THE U.S. EPA.

ULLAGE (DRY) PORTION LEAK

THIS UNDERGROUND STORAGE TANK 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.

WATER SENSOR INDICATES:

(CHECK ONLY ONE)

NO WATER INTRUSION WATER INTRUSION _____ NOT APPLICABLE _____

Operator Information:

Print Name Matthew Eader Certification # 236465
Sign Name Matthew Eader Expiration Date 9/25/2017
Testing Firm Clean Fuels Associates Telephone # 301-829-0875
Address 7364 Edgewood Rd.
Annapolis, MD. 21409

NEW YORK STATE REQUIREMENT: A DIAGRAM OF THE TANK SYSTEM MUST BE SUBMITTED TO THE STATE WITH THIS REPORT

EQUIPMENT SERIAL NUMBERS & CALIBRATION EXPIRATION DATES:

	<u>Serial Number</u>	<u>Calibration Expiration Date</u>
Water Sensor Display	<u>D0821305</u>	<u>11/1/2016</u>
Water Sensor Probe	<u>P0826703</u>	<u>11/1/2016</u>
Acoustic Signal Processor	<u>E0811015</u>	<u>11/1/2016</u>
In-Tank Microphone	<u>M0830004</u>	<u>11/1/2016</u>
Pressure Sensor	<u>71106108</u>	<u>11/1/2016</u>

EZY 3 LOCATOR PLUS

MANUFACTURED BY: ESTABROOK'S INC. 1-877-368-7215

PRESSURE CALCULATION & WATER SENSOR CALIBRATION

DATA SHEET

DATE Tuesday, June 28, 2016

TOTAL TANK VOL. 4035 Gallons

PRODUCT VOL. 543 Gallons

ULLAGE VOL. 3492 Gallons

PRODUCT TYPE Unleaded Gasoline

MDE # 1656

TANK # 3B

LOCATION 930 Port St. Easton, MD.

21601

PRESSURE SENSOR CALCULATION

<u>12.0</u>	X	<u>0.026</u>	=	<u>0.312</u>	PSI (1)
INCHES OF PRODUCT		WEIGHT OF PRODUCT			
<u>2.5</u>	X	<u>.036</u>	=	<u>0.090</u>	PSI (2)
INCHES OF WATER IN TANK					
Line 1 + Line 2 = Total Positive Head Pressure In Tank			=	<u>0.402</u>	PSI (3)
<u>72.0</u>	X	<u>.036</u>	=	<u>2.592</u>	PSI (4)
INCHES OF WATER OUTSIDE TANK					
Total Head Pressure Minus Outside Water Pressure			=	<u>-2.190</u>	+/-PSI (5)
Always add .5 PSI			+	<u>0.500</u>	PSI (6)
NOTE: If Line 6 is Less Than .5 PSI Line 7 Shall be .5 PSI					
TEST PRESSURE			=	<u>-1.690</u>	+/-PSI (7)

ACOUSTIC TEST TIME

	TIME	PRESSURE
Blower Started:	<u>10:56 AM</u>	<u>0.0</u>
Test Pressure Reached:	<u>11:08 AM</u>	<u>0.522</u>
Blower Turned Off:	<u>11:27 AM</u>	<u>0.526</u>
Test Began:	<u>11:30 AM</u>	<u>0.524</u>
Test Ended:	<u>11:45 AM</u>	<u>0.519</u>

Depth of Groundwater Determined:

By: Interface Meter

Where: Monitoring Wells(4)

WATER SENSOR CALIBRATION

Added: 100 100 100

Average: 100

Cal #1 Cal #2 Cal #3

Calculation for Test Period:

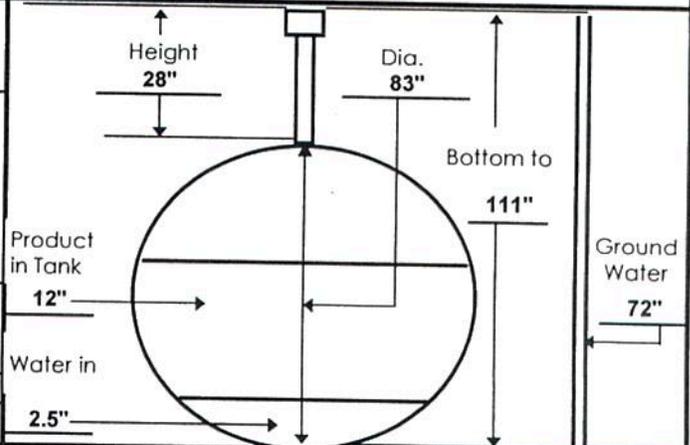
100 ÷ 3780 = 0.026 ÷ .05 X 60 = 32 min

Ave. Cal. "A" Factor Time of Test

WATER INTRUSION TEST PERIOD

Began: 12:12 PM

Ended: 12:47 PM



Attachment 5. Cathodic Protection Testing

Toffel, Melissa

From: Tim Miller <tmiller@nationalpremiumbeer.com>
Sent: Thursday, June 14, 2018 10:51 AM
To: Toffel, Melissa
Subject: Easton Point Items
Attachments: 2018 CP Premium Beer Easton MD.xls; 2018 Easton Point Results.pdf



Tim Miller

Owner, National Premium Beer

Phone: 410-310-3553

Email: tmiller@nationalpremiumbeer.com

Website: NATIONALPREMIUMBEER.COM

 Like us on Facebook  Follow on Instagram  Follow @twitter

Get your own  email signature

JD Rellek Co Inc.,
 Po Box 1596
 Glen Burnie, MD 21060
 1-888-362-6202

Premim Beer
 Location: 930 Port Street
 Easton MD 21601

Weather: Clear 30's

Date: 2/1/2018 ICCP Tanks

Tester(s): JBN

Data Sheet 1 of 1



North

TK#1



TK#2



TK#3



TK#4



Location #1 East side of tank

Location #2 Center line of tank

Locatio # 3 West end of tank

Dispensor Flex's Electrically Bonded if more than one

Units	Volts		Volts	Volts	milliamps	Note		Pass/Fail
Test Location	Vg "As Found"		Vg "ON"	Vg "OFF"	Ianode (temp)			
Tank 1								
1			-1.008	-0.902				Pass
2			-0.998	-0.894				Pass
3			-1.041	-0.911				Pass
Tank 2								
1			-1.037	-0.875				Pass
2			-1.026	-0.891				Pass
3			-1.021	-0.906				Pass
Tank 3								
1			-1.016	-0.916				Pass
2			-1.012	-0.912				Pass
3			1.031	-0.924				Pass
Tank 4								
1			-1.113	-0.909				Pass
2			-1.19	-0.909				Pass
3			-1.122	0.912				Pass



J.D. RELLEK CO., INC.

Testing, Inspecting & Protecting Since 1991

PO Box 1569 Glen Burnie, MD 21060

PO Box 309 Viola, DE 19979

Phone 1-888-362-6202 Fax 302-284-7153

MBE Certification # 13-314

March 21, 2018

Mr. Tim Miller
Easton Point Gas Station
930 Port St.
Easton, MD
410-310-3553

Dear Mr. Miller,

On March 8, 2018 personnel from the J.D. Rellek Company responded to 930 Port Street in Easton, MD., to perform Fuel Storage System repairs and testing. Enclosed are the results of the Fuel Oil Storage system components tested at Easton Point Plaza. The following is a summary of results obtained during this testing.

Cathodic Protection Test: 5 Flex Connecters Tested: 5 Passed

NOTE: Dielectric unions were installed before testing.
All repairs were performed by MDE certified UST Technicians.

These results should be kept on file and made available to any authorized local, state, or federal regulatory personnel.

We thank you for allowing us to provide these services to you. If you have any questions, please do not hesitate to contact us.

Sincerely,

David Casamento
J.D. Rellek Co., Inc.

JD Rellek Co Inc.,
 Po Box 1596
 Glen Burnie, MD 21060
 1-888-362-6202

Contractor/ Owner: Tim Miller

Location: Easton Point Gas Station
 930 Port Street
 Easton, MD
 CP Survey- (5 Flex Connecters)

Weather: Cool/ Clear

Date: 3/9/18 Job: Easton Point

Tester(s): D. Casamento
 Data Sheet 1 of 1

Units	Volts	Volts		Volts	Amps	Shunt	Settings	
							Coarse	Fine
Test Location	Vg "ON"	Vg "OFF"						
D 1/2								
1	-1.010 V							
2	-1.023 V							
3	-1.015 V							
D3								
1	-0.900 V							
2	-0.910 V							
3	-0.880 V							
D 4/5								
1	-0.900 V							
2	-0.950 V							
3	-0.915 V							
D 6								
1	-1.165 V							
2	-1.170 V							
3	-1.160 V							
D 7								
1	-1.515 V							
2	-1.500 V							
3	-1.450 V							

Notes: All readings taken using Cu/CuSO4 Half Cell unless stated otherwise
 This testing is on the flex connectors only.



J.D. RELLEK CO., INC.

Testing, Inspecting & Protecting Since 1991

PO Box 1569 Glen Burnie, MD 21060

PO Box 309 Viola, DE 19979

Phone 1-888-362-6202 Fax 302-284-7153

MBE Certification # 13-314

March 21, 2018

Mr. Tim Miller
Easton Point Gas Station
930 Port St.
Easton, MD
410-310-3553

Dear Mr. Miller,

On March 8, 2018 personnel from the J.D. Rellek Company responded to 930 Port Street in Easton, MD., to perform Fuel Storage System repairs and testing. Enclosed are the results of the Fuel Oil Storage system components tested at Easton Point Plaza. The following is a summary of results obtained during this testing.

Cathodic Protection Test: 5 Flex Connecters Tested: 5 Passed

NOTE: Dielectric unions were installed before testing.
All repairs were performed by MDE certified UST Technicians.

These results should be kept on file and made available to any authorized local, state, or federal regulatory personnel.

We thank you for allowing us to provide these services to you. If you have any questions, please do not hesitate to contact us.

Sincerely,

David Casamento
J.D. Rellek Co., Inc.



J.D. RELLEK CO., INC.

Testing, Inspecting & Protecting Since 1991

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MBE Certification # 13-314

June 17, 2016

Mr. Kyle Nelson
Clean Fuels Associates, Inc.
7364 Edgewood Road
Bldg A, Suite 100
Annapolis, MD 21403
1-800-453-TANK
kyle@cleanfuelsassociates.com

REFERENCE: Results of Cathodic Protection Survey of Dispenser Flex Connectors at Commercial Fuel Systems located at 930 Port Street, Easton MD.

Dear Mr. Nelson,

On June 17, 2016, personnel from the J.D. Rellek Co. In. a Cathodic Protection Survey on the underground storage tank dispenser flex connectors for Commercial Fuel Services, 930 Port Street, Easton MD.

The results of the survey indicate that the flex connectors **PASSED** this Cathodic Protection Survey. The results of the survey are as follows:

Results: See attached Data Sheet

The survey results meet the established minimum Cathodic Protection readings established under MDE 26.10.04.02 for corrosion protection compliance.

THESE RESULTS MUST BE KEPT ON SITE AND AVAILABLE UPON REQUEST TO INSPECTORS.

Thank you for letting us provide you with this service. If we can be of further assistance, please do not hesitate to contact us.

Sincerely,

Jeff Noseworthy
J.D. Rellek Co., Inc.
NACE CP Specialist # 7089



J.D. RELLEK CO., INC.

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MBE Certification # 13-314

Cathodic Protection 5 Year Assessment/Inspection Form

Facility ID Number: 1656	Date: 6/17/2016
Date Installed: Unknown	Design: Distributed Bed:

Facility Information

Facility Name: Commercial Fuel Systems Inc.		
Address: 930 Port Street	City: Eaton	ZIP Code 21601

Cathodic Protection Evaluator

Evaluator Name: Jeff Noseworthy			
Company Name: J.D. Rellek. Co. Inc.			
Address: P.O. Box 1569			
City: Glen Burnie	State MD	Zip Code 21060	Phone Number: 888-362-6202
NACE Certification #: NACE CP Specialist # 7089			

Weather Conditions: Clear
Temperature: 80 Soil/Backfill Conditions (circle): Moist

Minimum Inspection Requirements Checklist

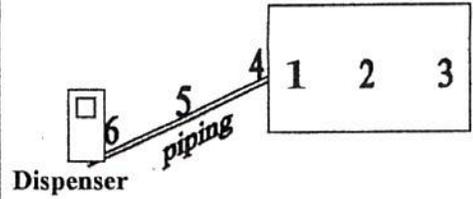
- Reviewed the cathodic protection system's design: location of tanks, lines, anodes, testing locations, and structure to soil potential readings to include structure to soil native potential readings and rectifier amp and voltage settings.
- Reviewed record of previous cathodic protection system inspection: tank to soil potential readings, test locations, and previous inspector comments and observations, records for previous rectifier amp and voltage readings and record current readings.
- Provided site diagram with testing locations properly marked.
- Tested the system for electrical continuity: tanks, product lines, flex connectors, vent lines, conduit and other tank system equipment.
- Conducted structure to soil potentials on all protected tanks, piping, and flex connectors. A minimum of three per tank along the center line, at the ends and middle. For each product line, tested above piping at the ends and middle (away from anode locations). Conducted additional tests on long piping runs.
- Conducted structure to soil potentials for rectifier instant off readings. For polarization readings not meeting the -850 mV requirement, tested for 100 mV polarization decay.
- Checked rectifier operation and current to anodes at any junction boxes in system. Inspected visible header cables, structure connections. Asked owner if any physical changes have been made at site since installation.
- Provided written explanation to the site owner on the cathodic protection systems operating status, recommendations, and any repairs and attached it to this form.

Site Diagram

The Diagram shows tanks, piping, buildings, vent lines and dispenser islands relevant to the ICCP system. All relevant surface openings to tanks for pumps, fill pipes, tank monitoring, as well as tank identification is also shown.

Diagram identifies reference cell test locations with an "R" and sequential number (R1, R2, etc.), structure locations using "S" (S1, S2, etc.). Remote readings will be reported at RM

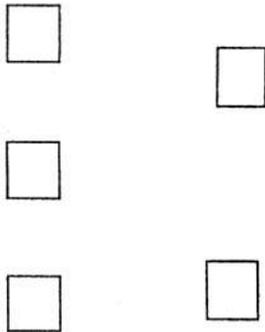
Minimum test locations for each tank & line.



When taking structure to soil potential readings, the reference cell was placed as close to the structure as possible while maintaining direct contact with the soil or backfill material around the tank and piping. For tank potential readings, soil or backfill may have been accessed through openings for pump risers, tank monitors, etc. directly above tank when available. Permanent cathodic protection monitoring stations providing access to soil or backfill may need to be established through concrete or asphalt paving above tank and piping. Structure to soil potential readings with the reference cell directly on concrete or asphalt paving are not valid and will not be accepted.

NOTE: Tanks and tank top flex connectors are the only structure considered in this report. Dispensers are not under an ICCP system.

Dispensers (Not included in this report)



Tank #	Left	Center	Right
#1			
#2			
#4			
Rectifier		△	
#3			

Remote



J.D. RELLEK CO., INC.

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MBE Certification # 13-314

Cathodic Protection 5 Year Assessment/Inspection Form

Facility ID Number: 1656	Date: 6/17/2016
Date Installed: Unknown	Design: Distributed Bed:

Facility Information		
Facility Name: Commercial Fuel Systems Inc.		
Address: 930 Port Street	City: Eaton	ZIP Code 21601

Cathodic Protection Evaluator	
Evaluator Name: Jeff Noseworthy	
Company Name: J.D. Rellek. Co. Inc.	
Address: P.O. Box 1569	
City: Glen Burnie	State MD Zip Code 21060 Phone Number: 888-362-6202
NACE Certification #: NACE CP Specialist # 7089	

Weather Conditions: Clear
Temperature: 80 Soil/Backfill Conditions (circle): Moist

Minimum Inspection Requirements Checklist
<input checked="" type="checkbox"/> Reviewed the cathodic protection system's design: location of tanks, lines, anodes, testing locations, and structure to soil potential readings to include structure to soil native potential readings and rectifier amp and voltage settings.
<input checked="" type="checkbox"/> Reviewed record of previous cathodic protection system inspection: tank to soil potential readings, test locations, and previous inspector comments and observations, records for previous rectifier amp and voltage readings and record current readings.
<input checked="" type="checkbox"/> Provided site diagram with testing locations properly marked.
<input checked="" type="checkbox"/> Tested the system for electrical continuity: tanks, product lines, flex connectors, vent lines, conduit and other tank system equipment.
<input checked="" type="checkbox"/> Conducted structure to soil potentials on all protected tanks, piping, and flex connectors. A minimum of three per tank along the center line, at the ends and middle. For each product line, tested above piping at the ends and middle (away from anode locations). Conducted additional tests on long piping runs.
<input checked="" type="checkbox"/> Conducted structure to soil potentials for rectifier instant off readings. For polarization readings not meeting the -850 mV requirement, tested for 100 mV polarization decay.
<input checked="" type="checkbox"/> Checked rectifier operation and current to anodes at any junction boxes in system. Inspected visible header cables, structure connections. Asked owner if any physical changes have been made at site since installation.
<input checked="" type="checkbox"/> Provided written explanation to the site owner on the cathodic protection systems operating status, recommendations, and any repairs and attached it to this form.

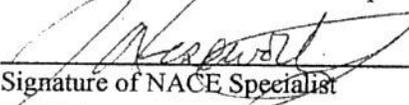
Rectifier Readings (for impressed current system only)		
Design settings: Amperes 35	Volts 20	Course Setting: B
Current readings: Amperes 28	Volts 15	Fine Setting: 3
		Adjustable:

CONTINUITY MEASUREMENTS (in millivolts)			STRUCTURE TO SOIL POTENTIAL MEASUREMENTS (All Potential Measurements in millivolts CCS Cell)					
Location Code*	Location Description	Voltage (mV On)	Location Code*	Location Description	System Operating Potential	Rectifier Instant Off Potential	Rectifier Off Final Potential (Native)	Potential Shift
Tank/Line# 1			Volume 8000					
R			S					
S 1	Tank Left	-1.128	R			-0.895		Pass
S 2	Tank Center	-1.123	R			-0.912		Pass
S 3	Tank Right	-1.122	R			-0.908		Pass
S 4	Tank Top Flex	-1.036	R			-0.874		Pass
S			R					
RM	Remote	-1.003	RM			-0.891		Pass
Tank/Line# 2			Volume 8000					
R			S					
S 1	Tank Left	-1.211	R			-0.893		Pass
S 2	Tank Center	-1.204	R			-0.890		Pass
S 3	Tank Right	-1.115	R			-0.882		Pass
S 4	Tank Top Flex	-1.012	R			-0.901		Pass
S			R					
RM	Remote	-0.948	RM			-0.868		Pass
Tank/Line# 4			Volume 8000					
R			S					
S 1	Tank Left	-1.110	R			-0.877		Pass
S 2	Tank Center	-1.042	R			-0.872		Pass
S 3	Tank Right	-1.058	R			-0.889		Pass
S 4	Tank Top Flex	-0.996	R			-0.862		Pass
S			R					
RM	Remote	-0.931	RM			-0.856		Pass
COMMENTS								

* R = reference electrode location, S = structure contact

CONTINUITY MEASUREMENTS (in millivolts)			STRUCTURE TO SOIL POTENTIAL MEASUREMENTS (All Potential Measurements in millivolts CCS Cell)					
Location Code*	Location Description	Voltage (mV On)	Location Code*	Location Description	System Operating Potential	Rectifier Instant Off Potential	Rectifier Off Final Potential or Native	Potential Shift
Tank/Line# 3			Volume 12,000					
R			S					
S 1	Tank Left	-1.201	R			-0.931		Pass
S 2	Tank Center	-1.118	R			-0.938		Pass
S 3	Tank Right	-1.208	R			-0.925		Pass
S 4	Tank Top Flex	-1.041	R			-0.860		Pass
S			R					
RM	Remote	-1.002	RM			-0.911		Pass
Tank/Line#			Volume		UST		Product	
R			S					
S			R					
S			R					
S			R					
S			R					
S			R					
RM			RM					
Tank/Line#			Volume		UST		Product	
R			S					
S			R					
S			R					
S			R					
S			R					
S			R					
RM			RM					
COMMENTS								

* R = reference electrode location, S = structure contact

Cathodic Protection System Certification	
The cathodic protection system is operating according to its design standards and is providing cathodic protection to the tanks and/or product lines: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of NACE Specialist	Date
	6/17/16

Rectifier Readings (for impressed current system only)

Design settings: Amperes 35	Volts 20	Course Setting: B
Current readings: Amperes 28	Volts 15	Fine Setting: 3
		Adjustable:

CONTINUITY MEASUREMENTS (in millivolts)			STRUCTURE TO SOIL POTENTIAL MEASUREMENTS (All Potential Measurements in millivolts CCS Cell)					
Location Code*	Location Description	Voltage (mV On)	Location Code*	Location Description	System Operating Potential	Rectifier Instant Off Potential	Rectifier Off Final Potential (Native)	Potential Shift

CONTINUITY MEASUREMENTS (in millivolts)			STRUCTURE TO SOIL POTENTIAL MEASUREMENTS (All Potential Measurements in millivolts CCS Cell)					
Location Code*	Location Description	Voltage (mV On)	Location Code*	Location Description	System Operating Potential	Rectifier Instant Off Potential	Rectifier Off Final Potential (Native)	Potential Shift
Tank/Line# 1			Volume 8000					
R			S					
S 1	Tank Left	-1.128	R			-0.895		Pass
S 2	Tank Center	-1.123	R			-0.912		Pass
S 3	Tank Right	-1.122	R			-0.908		Pass
S 4	Tank Top Flex	-1.036	R			-0.874		Pass
S			R					
RM	Remote	-1.003	RM			-0.891		Pass
Tank/Line# 2			Volume 8000					
R			S					
S 1	Tank Left	-1.211	R			-0.893		Pass
S 2	Tank Center	-1.204	R			-0.890		Pass
S 3	Tank Right	-1.115	R			-0.882		Pass
S 4	Tank Top Flex	-1.012	R			-0.901		Pass
S			R					
RM	Remote	-0.948	RM			-0.868		Pass
Tank/Line# 4			Volume 8000					
R			S					
S 1	Tank Left	-1.110	R			-0.877		Pass
S 2	Tank Center	-1.042	R			-0.872		Pass
S 3	Tank Right	-1.058	R			-0.889		Pass
S 4	Tank Top Flex	-0.996	R			-0.862		Pass
S			R					
RM	Remote	-0.931	RM			-0.856		Pass

COMMENTS

* R = reference electrode location, S = structure contact

Attachment 6. Financial Responsibility



SCHEDULE OF FORMS AND ENDORSEMENTS

Forms and Endorsements applying to and made part of this policy at the time of issuance:

NUMBER	TITLE
FORMS APPLICABLE -	COMMON POLICY DECLARATIONS
DCJ6550ENV-1200 EU163B-0711	COMMON POLICY DECLARATIONS CERTIFIED ACTS OF TERRORISM AND OTHER ACTS OF TERRORISM EXCLUSION
PRIVACYNOTICE-0213 SIGCIC-1013	PRIVACY NOTICE SIGNATURE PAGE
TRIANOTICEENV-0108	POLICYHOLDER DISCLOSURE-NOTICE OF TERRORISM INSURANCE COVERAGE
U002AENV-0812 U094-0613	MINIMUM PREMIUM SERVICE OF SUIT
FORMS APPLICABLE -	STORAGE TANK POLLUTION LIABILITY COVERAGE PART
DCJ6553PP-1200 E014BASIC-1200	STORAGE TANK POLLUTION LIABILITY COVERAGE PART CONFIRMED RELEASE COVERAGE-STORAGE TANK POLLUTION LIABILITY COVERAGE
E038-1200	SCHEDULE OF FACILITIES ENDORSEMENT-STORAGE TANK POLLUTION LIABILITY COVERAGE
E047CERTPP-0414 E091-0904	CERTIFICATE OF INSURANCE WAR EXCLUSION
IL0021EPP-0700 PP-0808	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT STORAGE TANK POLLUTION LIABILITY POLICY
ILP001-0104	U.S. TREASURY DEPT'S "OFAC" ADVISORY NOTICE TO POLICYHOLDERS

COMMON POLICY DECLARATIONS

Colony Insurance Company
8720 Stony Point Parkway, Suite 400
Richmond, Virginia 23235

POLICY NUMBER
PP245688

RENEWAL OF:
PP245688

1. NAMED INSURED AND MAILING ADDRESS:

930 Port Street, Inc.
dba Commercial Fuel Systems In
28102 Baileys Neck Road
Easton, MD 21601

PRODUCER:

DANA Ins and Risk Mgmt
9-B West Ridgely Rd #100
Timonium, MD 21093

2. POLICY PERIOD: From 09/20/17 to 09/20/18 12:01 A.M. Standard Time at your Mailing Address above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL OF THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

3. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PARTS

PREMIUM

Storage Tank Pollution Liability Coverage Part

\$1,737.00

Premium charge for coverage of certified acts of terrorism
(Per Policyholder Disclosure *TRIA Notice ENV* attached.)

or

Coverage for certified acts of terrorism has been rejected; exclusion attached.
(Per Policyholder Disclosure *TRIA Notice ENV* attached.)



ISSUED 9/14/17

Premium shown is payable at inception.

Total Policy Premium: \$1,737.00

4. FORMS APPLICABLE TO ALL COVERAGES:

See Form U001 – Schedule of Forms and Endorsements

5. BUSINESS DESCRIPTION: PETRO MARKETER

Countersigned: 9/14/17
Date

By: *Arthur Davis*
Authorized representative

DCJ6550 ENV (12/00)

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Copyright, Insurance Services Office, Inc. 1994

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURER'S LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

PLEASE ALSO BE AWARE THAT YOUR POLICY DOES NOT PROVIDE COVERAGE FOR ACTS OF TERRORISM THAT ARE NOT CERTIFIED BY THE SECRETARY OF THE TREASURY.

Acceptance or Rejection of Terrorism Insurance Coverage

You must accept or reject this insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, before the effective date of this policy. Your coverage cannot be bound unless our representative has received this form signed by you on behalf of all insureds with all premiums due.

Coverage acceptance:

I hereby elect to purchase coverage for certified acts of terrorism, as defined in Section 102(1) of the Act for a Prospective annual premium of 5% of the total policy premium, subject to \$100 minimum. I understand that I will not have coverage for losses arising from any non-certified acts of terrorism.

OR

Coverage rejection:

I hereby decline to purchase coverage for certified acts of terrorism, as defined in Section 102(1) of the Act. I understand that I will not have coverage for any losses arising from either certified or non-certified acts of terrorism.

Signature on File
Policyholder/Applicants Signature –
Must be person authorized to sign for all Insureds.
 On File

Print Name

 930 Port Street, Inc.
Named Insured
 On File

DATE

COLONY INSURANCE COMPANY
Insurance Company

 PP245688
Policy Number
 On File

Submission Number

 19011
Producer Number

DANA INSURANCE & RISK MANAGEMENT, INC.
Producer Name

 9-B W. Ridgely Road Suite 100
Street Address

 Timonium, MD 21093
City, State, Zip

The producer shown above is the wholesale insurance broker your insurance agent used to place your insurance coverage with us. Please discuss this Disclosure with your agent before signing.

Administrative access is limited not only to authorized employees but also to specific remote administration protocols and IP addresses. All employees with access to personally identifiable information have been advised of Argo Group's security policies and practices. Argo Group will continue to conduct internal audits of its security systems and make all necessary enhancements to ensure the safety of the website and its users. No method of transmission over the Internet or method of electronic storage is 100% secure; therefore, while Argo Group uses commercially acceptable means to protect your information, we cannot guarantee absolute security.

Any Argo Group employee who becomes aware of the inappropriate use or disclosure of Social Security numbers and other protected nonpublic personal information is expected to immediately report such behavior to the General Counsel for further action.

Corrected/Updated Information

This policy applies to certain insureds of Argo Group, including but not limited to worker's compensation claimants. If you have any questions about this Privacy Policy, please contact:

General Counsel
Argo Group US, Inc.
P.O. Box 469011
San Antonio, Texas 78246
(210) 321-8400

*Note: Argo Group is the parent of Argonaut Insurance Company; Argonaut-Southwest Insurance Company; Argonaut-Midwest Insurance Company; Argonaut Great Central Insurance Company; Argonaut Limited Risk Insurance Company; ARIS Title Insurance Corporation; Select Markets Insurance Company; Colony Insurance Company; Colony National Insurance Company; Colony Specialty Insurance Company; Rockwood Casualty Insurance Company; Somerset Casualty Insurance Company; Grocers Insurance Agency, Inc.; Central Insurance Management, Inc.; Alteris Insurance Services, Inc.; Trident Insurance Services, Inc.; Commercial Deposit Insurance Agency, Inc.; Sonoma Risk Management, LLC; John Sutak Insurance Brokers, Inc.; Colony Management Services, Inc.; Argonaut Management Services, Inc.; and Argonaut Claims Management, LLC. This Privacy Policy applies to all companies and business produced or underwritten within Argo Group.

Privacy Policy

Argo Group US, Inc. ("Argo Group") recognizes the importance of maintaining the privacy of our customers and the confidentiality of each individual's nonpublic personal information, including Social Security numbers. We take seriously the responsibility that accompanies our collection of nonpublic personal information, including Social Security numbers. Accordingly, Argo's corporate policy is to protect the privacy and confidentiality of our consumers and their nonpublic personal information as required by law.

Information Collection and Use

In order to conveniently and effectively provide and service the insurance products we sell, we may collect and use Social Security numbers and other nonpublic personal information. As such, this policy does not prohibit the collection or use of Social Security numbers and nonpublic personal information where legally authorized and/or required. This policy complies with the requirements of the Gramm-Leach-Bliley Act (GLBA) and applicable federal and state laws and regulations implementing the act. Such laws impose certain obligations upon third persons and organizations with which we share nonpublic personal information of our consumers, customers, former customers, or claimants. Accordingly, we prohibit the unauthorized disclosure of Social Security numbers and other protected nonpublic personal information, except as legally required or authorized.

Information Sharing and Disclosure

Argo Group does not rent, sell or share your personally identifiable information with nonaffiliated third parties. Argo Group may, however, share personally identifiable information with third-party contractors. These third-party contractors are prohibited from using the information for purposes other than performing services for Argo Group. Argo Group may disclose your information to third parties when obligated to do so by law and to investigate, prevent, or take action regarding suspected or actual prohibited activities, including but not limited to fraud and situations involving the security of our operations and employees.

Finally, Argo Group may transfer information, including any personally identifiable information, to a successor entity in connection with a corporate merger, consolidation, sale of all or a portion of its assets, bankruptcy, or other corporate change.

Security

In order to protect your nonpublic personal information, we limit access to nonpublic personal information by only allowing authorized personnel to have access to such information. Furthermore, we maintain physical, electronic and procedural security protections to safeguard the nonpublic personal information in our records. Documents that contain an individual's protected information are destroyed before disposal; this destruction process includes the shredding of print and disposable media and deletion of electronic media. Argo Group has security measures in place to protect the loss, misuse and alteration of the information under our control. Our hardware infrastructure is housed in a controlled access facility that restricts access to authorized individuals. The network infrastructure is protected by a firewall and traffic is monitored and logged both on the firewall and servers. Sensitive administrative activities are carried out over secure, encrypted links between our offices and hosting facility.

Privacy Policy

Argo Group US, Inc. ("Argo Group") recognizes the importance of maintaining the privacy of our customers and the confidentiality of each individual's nonpublic personal information, including Social Security numbers. We take seriously the responsibility that accompanies our collection of nonpublic personal information, including Social Security numbers. Accordingly, Argo's corporate policy is to protect the privacy and confidentiality of our consumers and their nonpublic personal information as required by law.

Information Collection and Use

In order to conveniently and effectively provide and service the insurance products we sell, we may collect and use Social Security numbers and other nonpublic personal information. As such, this policy does not prohibit the collection or use of Social Security numbers and nonpublic personal information where legally authorized and/or required. This policy complies with the requirements of the Gramm-Leach-Bliley Act (GLBA) and applicable federal and state laws and regulations implementing the act. Such laws impose certain obligations upon third persons and organizations with which we share nonpublic personal information of our consumers, customers, former customers, or claimants. Accordingly, we prohibit the unauthorized disclosure of Social Security numbers and other protected nonpublic personal information, except as legally required or authorized.

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Finally, Argo Group may transfer information, including any personally identifiable information, to a successor entity in connection with a corporate merger, consolidation, sale of all or a portion of its assets, bankruptcy, or other corporate change.

Security

In order to protect your nonpublic personal information, we limit access to nonpublic personal information by only allowing authorized personnel to have access to such information. Furthermore, we maintain physical, electronic and procedural security protections to safeguard the nonpublic personal information in our records. Documents that contain an individual's protected information are destroyed before disposal; this destruction process includes the shredding of print and disposable media and deletion of electronic media. Argo Group has security measures in place to protect the loss, misuse and alteration of the information under our control. Our hardware infrastructure is housed in a controlled access facility that restricts access to authorized individuals. The network infrastructure is protected by a firewall and traffic is monitored and logged both on the firewall and servers. Sensitive administrative activities are carried out over secure, encrypted links between our offices and hosting facility.

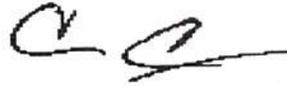
SIGNATURE PAGE

IN WITNESS WHEREOF, the company issuing this policy has caused this policy to be signed by its President and its Secretary and countersigned (if required) on the Declarations page by a duly authorized representative of the company. This endorsement is executed by the company stated in the Declarations.

Colony Insurance Company



President



Secretary

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURER'S LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

PLEASE ALSO BE AWARE THAT YOUR POLICY DOES NOT PROVIDE COVERAGE FOR ACTS OF TERRORISM THAT ARE NOT CERTIFIED BY THE SECRETARY OF THE TREASURY.

Acceptance or Rejection of Terrorism Insurance Coverage

You must accept or reject this insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, before the effective date of this policy. Your coverage cannot be bound unless our representative has received this form signed by you on behalf of all insureds with all premiums due.

Coverage acceptance:

I hereby elect to purchase coverage for certified acts of terrorism, as defined in Section 102(1) of the Act for a Prospective annual premium of 5% of the total policy premium, subject to \$100 minimum. I understand that I will not have coverage for losses arising from any non-certified acts of terrorism.

OR

Coverage rejection:

I hereby decline to purchase coverage for certified acts of terrorism, as defined in Section 102(1) of the Act. I understand that I will not have coverage for any losses arising from either certified or non-certified acts of terrorism.

Signature on File
Policyholder/Applicants Signature –
Must be person authorized to sign for all Insureds.
 On File

Print Name
 930 Port Street, Inc.

Named Insured
 On File

DATE

COLONY INSURANCE COMPANY
Insurance Company
 PP245688

Policy Number
 On File

Submission Number
 19011

Producer Number
DANA INSURANCE & RISK MANAGEMENT, INC.
Producer Name
 9-B W. Ridgely Road Suite 100

Street Address
 Timonium, MD 21093

City, State, Zip

The producer shown above is the wholesale insurance broker your insurance agent used to place your insurance coverage with us. Please discuss this Disclosure with your agent before signing.

STORAGE TANK POLLUTION LIABILITY COVERAGE PART

This coverage part consists of this Declarations form, the Storage Tank Pollution Corrective Action Costs And Liability Coverage Form and the endorsements indicated as applicable. (See COMMON POLICY DECLARATIONS for items 1 and 2.)

POLICY NO. PP245688

NAMED INSURED: 930 Port Street, Inc. dba Commercial Fuel Systems In

3. LIMITS OF INSURANCE

Each Claim:	\$1,000,000
Aggregate Policy Limit:	\$1,000,000
Deductible (Each Claim):	\$5,000

RETROACTIVE DATE

Retroactive Date: 09/20/16 12:01 A.M. standard time at your mailing address shown in Item 1 of the Common Policy Declarations
(Enter Date or "None" if no Retroactive Date Applies)

CLASSIFICATION	CODE NO.	PREMIUM BASIS	RATE	ADVANCE PREMIUM	
				PR/CO	ALL OTHER
Gasoline Stations - Self - Serve	350-13454	Number of Tanks 4	Incl.		\$1,737.00
4. FORMS/ ENDORSEMENTS APPLICABLE: See U001 - Schedule of Forms and Endorsements				TOTAL PREMIUM FOR THIS COVERAGE PART	\$1,737.00
5. FORM OF BUSINESS: CORPORATION Audit Period: Annual unless otherwise stated: FLAT					

0-2-2013

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SERVICE OF SUIT

If service of process is to be made upon the Company by way of hand delivery or courier service, delivery should be made to the Company's principal place of business:

Claims Manager
Colony Insurance Company,
Colony National Insurance Company, or
Colony Specialty Insurance Company
8720 Stony Point Parkway, Suite 400
Richmond, Virginia 23235

If service of process is to be made upon the Company by way of the U.S. Postal Service, the following mailing address should be used:

General Counsel
Colony Insurance Company,
Colony National Insurance Company, or
Colony Specialty Insurance Company
P.O. Box 469011
San Antonio, Texas 78246

Where required by statute, regulation, or other regulatory directive, the Company appoints the Commissioner of Insurance, or other designee specified for that purpose, as its attorney for acceptance of service of all legal process in the state in any action or proceeding arising out of this insurance.

The Commissioner or other designee is requested to forward process to the Company as shown above, or if required in his/her particular state, to a designated resident agent for service of process.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

STORAGE TANK POLLUTION LIABILITY COVERAGE PART

This coverage part consists of this Declarations form, the Storage Tank Pollution Corrective Action Costs And Liability Coverage Form and the endorsements indicated as applicable. (See COMMON POLICY DECLARATIONS for items 1 and 2.)

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3. LIMITS OF INSURANCE

Each Claim:	\$1,000,000
Aggregate Policy Limit:	\$1,000,000
Deductible (Each Claim):	\$5,000

RETROACTIVE DATE

Retroactive Date: 09/20/16 12:01 A.M. standard time at your mailing address shown in Item 1 of the Common Policy Declarations (Enter Date or "None" if no Retroactive Date Applies)

CLASSIFICATION	CODE NO.	PREMIUM BASIS	RATE	ADVANCE PREMIUM	
				PR/CO	ALL OTHER
Gasoline Stations Self - Serve	350-13454	Number of Tanks 4	Incl.		\$1,737.00
4. FORMS/ ENDORSEMENTS APPLICABLE: See U001 - Schedule of Forms and Endorsements				TOTAL PREMIUM FOR THIS COVERAGE PART	\$1,737.00

5. FORM OF BUSINESS: CORPORATION

Audit Period: Annual unless otherwise stated: FLAT

STORAGE TANK POLLUTION LIABILITY POLICY

THIS IS A CLAIMS MADE AND REPORTED POLICY.
PLEASE READ CAREFULLY.

PROVISIONS

In consideration of payment of the premium, in reliance upon the statements in the Declarations, Endorsements and Application made a part hereof, and subject to all the terms, Conditions, Notice of Claim provisions, Deductible, Limits of Insurance and Exclusions of this Policy, the Company agrees with the Named Insured shown in the Declarations as follows:

I. INSURING AGREEMENT

- A. The Company will pay, in excess of the Deductible shown in the Declarations, those sums the insured becomes legally obligated to pay as:
1. "corrective action costs"; and
 2. "bodily injury" or "property damage"; because of a "release" of a "petroleum product" from a "storage tank system" at a "scheduled facility" to which this insurance applies.
- B. The Company will have the right and duty to defend the insured against a "claim" seeking "corrective action costs" or damages because of "bodily injury" or "property damage". However, the Company will have no duty to defend the insured against any "claim" seeking "corrective action costs", "bodily injury" or "property damage" to which this insurance does not apply. The Company may, at its discretion, investigate any "release" and settle any "claim" that may result. But:
1. The amount the Company will pay damages is limited as described in **IV. LIMITS OF INSURANCE.**
 2. The Company's right and duty to defend end when the Company has used the applicable limit of insurance in the payment of "corrective action costs" or damages because of "bodily injury" or "property damage"; and
 3. No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under **II. SUPPLEMENTAL PAYMENTS.**

C. This insurance applies only if:

1. The "release" emanates from a scheduled "storage tank system" at a "scheduled facility";
2. The "release" first commences subsequent to the Policy effective date or retroactive date, if applicable; and
3. **The "release" is reported in writing to the Company subsequent to the effective date and prior to the expiration date of the Policy or Extended Reporting Periods, if applicable.**

D. All "claims" for "corrective action costs" or for "bodily injury" or "property damage" from the "release" will be deemed to have been made at the time the first of those "claims" is made against any insured and reported to the Company.

II. SUPPLEMENTAL PAYMENTS

- A. The Company will pay, with respect to any "claim" it investigates or settles or any suit against an insured that is defended:
1. All expenses the Company incurs.
 2. The cost of bonds to release attachments, but only for bond amounts within the applicable limit of insurance. The Company does not have to furnish these bonds.
 3. All reasonable expenses incurred by the insured at the Company's request to assist in the investigation or defense of a "claim" or suit, including actual loss of earnings up to \$100 a day because of time away from work.

4. All costs taxed against the insured in a suit.
5. Prejudgment interest awarded against an insured on that part of the judgment the Company pays. If the Company makes an offer to pay the applicable limit of insurance, it will not pay any prejudgment interest based on that period of time after the offer.
6. All interest on the full amount of any judgment that accrues after entry of the judgment and before the Company has paid, offered to pay or deposited in court the part of the judgment that is within the applicable limit of insurance.

These payments will not reduce the limits of insurance.

III. WHO IS AN INSURED

If designated in the Declarations as:

1. An individual, the individual and their spouse are insureds, but only with respect to the conduct of a business of which the individual is the sole owner.
2. A partnership or joint venture, the partnership or joint venture is an insured. Members and partners of the business and their spouses are also insureds, but only with respect to the conduct of the business.
3. A limited liability company, the limited liability company is an insured. Its members are also insureds, but only with respect to the conduct of the business. Managers are insureds, but only with respect to their duties as managers of the business.
4. An organization other than a partnership, joint venture or limited liability company, the organization is an insured. Executive officers and directors are insureds, but only with respect to their duties as officers or directors of the organization. Stockholders are also insureds, but only with respect to their liability as stockholders.

5. Employees, other than either executive officers (if the organization is other than a partnership, joint venture or limited liability company) or managers (if the business is a limited liability company) are insureds, but only for acts within the scope of their employment by the business or while performing duties related to the conduct of the business.

IV. LIMITS OF INSURANCE

- A. The Company's total liability for all "claims" first reported to the Company during the "policy period" and the Basic and Supplemental Extended Reporting Periods, if applicable, shall not exceed the Limit of Insurance shown in the Declarations as applicable to the Aggregate Policy Limit of Insurance. The insured's purchase of a Supplemental Extended Reporting Period described in **X. EXTENDED REPORTING PERIODS** shall not reinstate or increase the Aggregate Policy Limit of Insurance of this Policy

Subject to the foregoing, the Company will pay covered "claims" in excess of the Deductible amount as shown in the Declarations up to but not exceeding the Each Claim Limit.

- B. Regardless of the number of "claims", claimants or insureds, the Company's total liability for "claims" during one or more "policy periods" arising out of the same, intermittent, interrelated, associated, repeated or continuous "release" shall be considered a single "claim" subject to the Each Claim Limit of Insurance shown in the Declarations of the Policy in effect when the first "claim" is reported to the Company, and shall be deemed first reported to the Company during the "policy period" in which the initial "claim" is first reported to the Company.
- C. Multiple "claims": The inclusion herein of more than one insured or the making of "claims" or the bringing of suit by more than one person or organization shall not operate to increase the Company's Limit.

STORAGE TANK POLLUTION LIABILITY POLICY

THIS IS A CLAIMS MADE AND REPORTED POLICY.
PLEASE READ CAREFULLY.

PROVISIONS

In consideration of payment of the premium, in reliance upon the statements in the Declarations, Endorsements and Application made a part hereof, and subject to all the terms, Conditions, Notice of Claim provisions, Deductible, Limits of Insurance and Exclusions of this Policy, the Company agrees with the Named Insured shown in the Declarations as follows:

I. INSURING AGREEMENT

- A. The Company will pay, in excess of the Deductible shown in the Declarations, those sums the insured becomes legally obligated to pay as:
1. "corrective action costs"; and
 2. "bodily injury" or "property damage"; because of a "release" of a "petroleum product" from a "storage tank system" at a "scheduled facility" to which this insurance applies.
- B. The Company will have the right and duty to defend the insured against a "claim" seeking "corrective action costs" or damages because of "bodily injury" or "property damage". However, the Company will have no duty to defend the insured against any "claim" seeking "corrective action costs", "bodily injury" or "property damage" to which this insurance does not apply. The Company may, at its discretion, investigate any "release" and settle any "claim" that may result. But:
1. The amount the Company will pay damages is limited as described in **IV. LIMITS OF INSURANCE.**
 2. The Company's right and duty to defend end when the Company has used the applicable limit of insurance in the payment of "corrective action costs" or damages because of "bodily injury" or "property damage"; and
 3. No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under **II. SUPPLEMENTAL PAYMENTS.**

C. This insurance applies only if:

1. The "release" emanates from a scheduled "storage tank system" at a "scheduled facility";
2. The "release" first commences subsequent to the Policy effective date or retroactive date, if applicable; and
3. **The "release" is reported in writing to the Company subsequent to the effective date and prior to the expiration date of the Policy or Extended Reporting Periods, if applicable.**

D. All "claims" for "corrective action costs" or for "bodily injury" or "property damage" from the "release" will be deemed to have been made at the time the first of those "claims" is made against any insured and reported to the Company.

II. SUPPLEMENTAL PAYMENTS

- A. The Company will pay, with respect to any "claim" it investigates or settles or any suit against an insured that is defended:
1. All expenses the Company incurs.
 2. The cost of bonds to release attachments, but only for bond amounts within the applicable limit of insurance. The Company does not have to furnish these bonds.
 3. All reasonable expenses incurred by the insured at the Company's request to assist in the investigation or defense of a "claim" or suit, including actual loss of earnings up to \$100 a day because of time away from work.

of Insurance. One or more "claims" arising out of the same or related "release" shall be considered a single "claim", and the Limit of Insurance shown in the Declarations as applicable to Each Claim shall apply. Only one Deductible shall apply thereto.

D. For the purpose of complying with Certificates of Insurance required by state or federal government with regard to environmental protection laws and regulations, a single or continuous, intermittent, interrelated, associated or repeated "release" as defined in the Policy shall be considered an occurrence to which the Each Claim Limit shown in the Declarations shall apply.

V. DEFINITIONS

Defined terms are in quotation marks throughout this Policy and may be used in either the singular or plural, as appropriate.

- A. "Bodily injury" means bodily injury, sickness or disease sustained by a person, including death resulting from any of these at any time.
- B. "Claim" means:
1. Under I. **Insuring Agreement**, A.1., written notice to the Company during the "policy period" of a "release" of a "petroleum product" from a scheduled "storage tank system" at a "scheduled facility"; or
 2. Under I. **Insuring Agreement**, A.2., written notice to the Company during the "policy period" of any statement of potential responsibility or demand for money made against the insured alleging damages because of "bodily injury" or "property damage" arising out of a "release" of a "petroleum product" from a scheduled "storage tank system" at a "scheduled facility".
- C. "Corrective action costs" means reasonable and necessary expenses to evaluate, monitor, analyze, remedy, remove, abate or neutralize a "release" of a "petroleum product".
- D. "Loading or unloading" means:

1. The delivery of a "petroleum product" to a scheduled "storage tank system"; or
 2. The dispensing of a "petroleum product" from a scheduled "storage tank system" to customers of the insured.
- E. "Motor vehicle" means any land motor vehicle, trailer or semitrailer designed for travel on public roads.
- F. "Petroleum product" means crude oil or any fraction thereof that is liquid at 60 degrees Fahrenheit and 14.7 pounds per square inch absolute, and any product that is derived therefrom.
- G. "Policy period" means the period shown as such in the Declarations, unless earlier canceled pursuant to IX. **CONDITIONS**, G. of this Policy.
- H. "Property damage" means:
1. Physical injury to or destruction of tangible property, including the loss of use thereof; and
 2. The reduction in the fair market value of real or personal property not owned, leased or otherwise under the control of any insured.
- I. "Release" means spilling, leaking, emitting, discharging, escaping or leaching.
- J. "Scheduled facility" means any location shown in the Schedule of Facilities endorsement attached to this Policy.
- K. "Storage tank system" means:
1. An underground storage tank or combination of tanks and associated piping, including any attached dispenser(s), that is used to contain an accumulation of regulated substances, where the volume of the tank and piping is 10 percent or more beneath the surface of the ground; and
 2. An above ground storage tank or combination of tanks and associated piping, including any attached dispenser(s), that is used to contain.

an accumulation of regulated substances, where the volume of the tank and piping is more than 90 percent above the surface of the ground that are scheduled on the Policy.

- L. "Theft" means the unlawful taking of any "petroleum product" from any "storage tank system" at the "scheduled facilities" to the deprivation of the insured.
- M. "Vandalism" means the willful and malicious damage to or destruction of any "storage tank system" at the "scheduled facilities".
- N. "Water damage" means damage to any "storage tank system" at the "scheduled facilities" caused by:
 - 1. Flood, surface waters, waves, tides, tidal waves, mudflow, overflow of any body of water, or their spray, all whether driven by wind or not;
 - 2. Water under the ground surface pressing on, flowing or seeping through, or flowing on, under, above or around any "storage tank system"; or
 - 3. Water that enters the "storage tank system" or that causes the "storage tank system" to float.

VI. EXCLUSIONS

This Policy does not apply to:

- A. Any "release" known to the insured prior to the effective date of the "policy period".
- B. Any "claim" based on or arising out of the insured's obligation to pay damages by reason of assumption of liability in a contract or agreement unless the insured is otherwise legally obligated in the absence of the contract or agreement.
- C. Any "claim" submitted by an employee, partner, shareholder or joint venturer of any insured or by a business enterprise or individual or its agents, employees, assignees or subrogees that wholly or partly owns, leases, operates, manages or otherwise controls the insured.

D. Any "claim" based on or arising out of any obligation of the insured under a workers' compensation, disability benefits or unemployment compensation law or similar law.

E. Any "claim" based on or arising out of "bodily injury" to:

- 1. An employee of the insured arising out of and in the course of:
 - a. Employment by the insured; or
 - b. Performing duties related to the conduct of the insured's business; or
- 2. The spouse, child, parent, brother or sister of that employee as a consequence of paragraph 1 above.

This exclusion applies:

- 1. Whether the insured may be liable as an employer or in any other capacity; and
- 2. To any obligation to share damages with or repay someone else who must pay damages because of the injury.

F. Any "claim" based on or arising out of any knowingly unlawful, dishonest, fraudulent, criminal, malicious or wrongful act, error or omission committed by, at the direction of or with the knowledge of an insured, its agents, contractors or consultants, whether or not such act is committed in the course and scope of employment or duties with or on behalf of the insured.

G. Any "claim" based on or arising out of the ownership, entrustment, use, operation, "loading or unloading" of any "motor vehicle", aircraft, watercraft or rolling stock, but this exclusion does not apply to the delivery of a "petroleum product" to a scheduled "storage tank system".

H. Any "claim" based on or arising out of the intentional, willful or deliberate non-compliance with or the reckless disregard of any statute, regulation, ordinance, administrative complaint, notice of violation, notice letter, court order, executive order or instruction of

of Insurance. One or more "claims" arising out of the same or related "release" shall be considered a single "claim", and the Limit of Insurance shown in the Declarations as applicable to Each Claim shall apply. Only one Deductible shall apply thereto.

- D. For the purpose of complying with Certificates of Insurance required by state or federal government with regard to environmental protection laws and regulations, a single or continuous, intermittent, interrelated, associated or repeated "release" as defined in the Policy shall be considered an occurrence to which the Each Claim Limit shown in the Declarations shall apply.

V. DEFINITIONS

Defined terms are in quotation marks throughout this Policy and may be used in either the singular or plural, as appropriate.

- A. "Bodily injury" means bodily injury, sickness or disease sustained by a person, including death resulting from any of these at any time.
- B. "Claim" means:
1. Under **I. Insuring Agreement, A.1.**, written notice to the Company during the "policy period" of a "release" of a "petroleum product" from a scheduled "storage tank system" at a "scheduled facility"; or
 2. Under **I. Insuring Agreement, A.2.**, written notice to the Company during the "policy period" of any statement of potential responsibility or demand for money made against the insured alleging damages because of "bodily injury" or "property damage" arising out of a "release" of a "petroleum product" from a scheduled "storage tank system" at a "scheduled facility".
- C. "Corrective action costs" means reasonable and necessary expenses to evaluate, monitor, analyze, remedy, remove, abate or neutralize a "release" of a "petroleum product".
- D. "Loading or unloading" means:

1. The delivery of a "petroleum product" to a scheduled "storage tank system"; or
2. The dispensing of a "petroleum product" from a scheduled "storage tank system" to customers of the insured.

E. "Motor vehicle" means any land motor vehicle, trailer or semitrailer designed for travel on public roads.

F. "Petroleum product" means crude oil or any fraction thereof that is liquid at 60 degrees Fahrenheit and 14.7 pounds per square inch absolute, and any product that is derived therefrom.

G. "Policy period" means the period shown as such in the Declarations, unless earlier canceled pursuant to **IX. CONDITIONS, G.** of this Policy.

H. "Property damage" means:

1. Physical injury to or destruction of tangible property, including the loss of use thereof; and
2. The reduction in the fair market value of real or personal property not owned, leased or otherwise under the control of any insured.

I. "Release" means spilling, leaking, emitting, discharging, escaping or leaching.

J. "Scheduled facility" means any location shown in the Schedule of Facilities endorsement attached to this Policy.

K. "Storage tank system" means:

1. An underground storage tank or combination of tanks and associated piping, including any attached dispenser(s), that is used to contain an accumulation of regulated substances, where the volume of the tank and piping is 10 percent or more beneath the surface of the ground; and
2. An above ground storage tank or combination of tanks and associated piping, including any attached dispenser(s), that is used to contain.

any governmental agency or body where the insured caused, aided, assisted, encouraged or concealed such non-compliance.

- I. Any "claim" based on or arising from any consequence, whether direct or indirect, of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, strike, riot, civil commotion, confiscation, nationalization, requisition or destruction of or damage to property by or under the order of any government or public or local authority.
- J. Any "claim" based on or arising out of a "release" commencing after the date any "scheduled facility" and/or "storage tank system" is sold, abandoned, given away, leased, subleased or ceases to be operated by or otherwise under the control of the insured.
- K. Any "claim" based on or arising out of any costs, charges or expenses the insured incurs in the operation or maintenance of any "scheduled facility".
- L. Any costs, charges or expenses for the reconditioning or replacement of any "petroleum products".
- M. Any costs, charges or expenses to repair, upgrade, rebuild, replace, recondition, maintain, or close any "storage tank system".
- N. Any "claim" for punitive, exemplary or multiplied compensatory damages or statutory assessments or any civil, administrative or criminal fines or penalties or the return of or reimbursement for legal fees, costs or expenses imposed upon an insured.
- O. Any "claim" based on or arising out of a "release" that is intended or expected from the standpoint of the insured.
- P. Any "claim" based on or arising out of an intermittent, interrelated, associated, repeated or continuous "release" first commencing prior to the retroactive date.
- Q. Any "claim" based on or arising out of any act or attempted act of "theft".

R. Any "claim" based on or arising out of any act or attempted act of "vandalism".

S. Any "claim" based on or arising out of "water damage".

T. Any "claim" based on or arising out of a "release" of a "petroleum product" from an above ground "storage tank system" caused by, resulting from, contributed to or aggravated by earth movement, including, but not limited to, earthquake, landslide, mudflow, earth sinking, earth rising or shifting.

However, this exclusion applies only if the total capacity of all above ground "storage tank systems" at the "scheduled facilities" is equal to or exceeds 1,000 gallons.

VII. TERRITORY

This Policy only applies to "claims" which are brought in the United States, its territories or possessions, or Canada.

VIII. NOTICE OF CLAIM

The insured shall provide written notice to the Company as soon as practicable following any "claim" or any event which the insured shall have reason to believe might result in a "claim". The insured shall also include in such written notice details of the "release" or event.

The insured shall notify the Company in writing of any of the following:

1. Any "claim" or suit made against or received by the insured;
2. Any action or proceeding which may impose a legal obligation on the insured for a "claim";
3. Any conditions, events or circumstances that may give rise to a "claim" that, if first reported to the Company during the "policy period", may be covered by this Policy; or
4. Any conditions, events or circumstances for which notification to any governmental agency is required.

IX. CONDITIONS

A. Changes: Notice to any agent or knowledge possessed by any agent or by any other personnel shall not effect a waiver or change any part of this Policy or prevent the Company from asserting any right under the terms of this Policy, nor shall the terms of this Policy be waived or changed, except by Endorsement issued by the Company.

B. Other Insurance: In the event other valid and collectible insurance issued by another insurer exists with respect to "claims" asserted under this Policy, the insurance afforded by this Policy shall apply as follows:

1. This insurance shall apply as excess insurance over any other valid and collectible insurance, be it primary or excess. This excess insurance shall in no way be increased or expanded as a result of the receivership, insolvency or inability to pay of any insurer with respect to both the duty to indemnify and the duty to defend.
2. Where this insurance is excess over other valid and collectible insurance, the Company will pay only its share of the amount of the "claim", if any, that exceeds that total amount that all such other insurance will pay for the "claim" in the absence of this insurance.

The insured shall, upon request, promptly provide the Company with copies of all policies potentially applicable to a "claim" covered by this Policy.

C. Inspection and Audit: The Company shall be permitted but not obligated to inspect, sample and monitor on a continuing basis the insured's property or operations, at any time. Neither the Company's right to make inspections, sample and monitor, nor the actual undertaking thereof nor any report thereon, shall constitute an undertaking, on the insured's behalf or others, to determine or warrant that property or operations are safe, healthful or conform

to acceptable engineering practice or are in compliance with any law, rule or regulation. The Company may examine, audit, copy and inspect the insured's books, records and services at any time during the "policy period" and within three years after the final termination of this Policy, as far as they relate to the subject matter of this Policy.

The Company shall have the right to modify, amend or delete any of the terms and conditions of this Policy including the right to charge additional premium and the right to withdraw, rescind or void the Policy, if its examination, audit or inspection reveals any material risk, hazard or condition that is not previously disclosed by the insured in the application or supplemental material, or which deviated from the information disclosed in the application or supplemental material.

D. Assignment: Assignment of interests under this Policy shall not bind the Company, except by Endorsement issued by the Company and made a part of this Policy.

E. First Named Insured as Sole Representative: The First Named Insured shall act on behalf of all insureds with respect to completing the Application for this insurance, including representing the truth and completeness of all information as required in **IX. CONDITIONS, M.**, giving or receiving notice of cancellation or non-renewal, paying premium or receiving unearned premium, agreeing to any changes in this Policy, and electing whether or not to purchase the Supplemental Extended Reporting Period described in **X. EXTENDED REPORTING PERIODS.**

F. Insolvency of the insured: Bankruptcy or insolvency of the insured or the insured's estate shall not relieve the Company of any of its obligations hereunder.

G. Cancellation and Non-Renewal: This Policy may be canceled by the First Named insured by surrender thereof to the Company or by mailing to the Company written notice stating when

any governmental agency or body where the insured caused, aided, assisted, encouraged or concealed such non-compliance.

- I. Any "claim" based on or arising from any consequence, whether direct or indirect, of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, strike, riot, civil commotion, confiscation, nationalization, requisition or destruction of or damage to property by or under the order of any government or public or local authority.
- J. Any "claim" based on or arising out of a "release" commencing after the date any "scheduled facility" and/or "storage tank system" is sold, abandoned, given away, leased, subleased or ceases to be operated by or otherwise under the control of the insured.
- K. Any "claim" based on or arising out of any costs, charges or expenses the insured incurs in the operation or maintenance of any "scheduled facility".
- L. Any costs, charges or expenses for the reconditioning or replacement of any "petroleum products".
- M. Any costs, charges or expenses to repair, upgrade, rebuild, replace, recondition, maintain, or close any "storage tank system".
- N. Any "claim" for punitive, exemplary or multiplied compensatory damages or statutory assessments or any civil, administrative or criminal fines or penalties or the return of or reimbursement for legal fees, costs or expenses imposed upon an insured.
- O. Any "claim" based on or arising out of a "release" that is intended or expected from the standpoint of the insured.
- P. Any "claim" based on or arising out of an intermittent, interrelated, associated, repeated or continuous "release" first commencing prior to the retroactive date.
- Q. Any "claim" based on or arising out of any act or attempted act of "theft".

R. Any "claim" based on or arising out of any act or attempted act of "vandalism".

S. Any "claim" based on or arising out of "water damage".

T. Any "claim" based on or arising out of a "release" of a "petroleum product" from an above ground "storage tank system" caused by, resulting from, contributed to or aggravated by earth movement, including, but not limited to, earthquake, landslide, mudflow, earth sinking, earth rising or shifting.

However, this exclusion applies only if the total capacity of all above ground "storage tank systems" at the "scheduled facilities" is equal to or exceeds 1,000 gallons.

VII. TERRITORY

This Policy only applies to "claims" which are brought in the United States, its territories or possessions, or Canada.

VIII. NOTICE OF CLAIM

The insured shall provide written notice to the Company as soon as practicable following any "claim" or any event which the insured shall have reason to believe might result in a "claim". The insured shall also include in such written notice details of the "release" or event.

The insured shall notify the Company in writing of any of the following:

1. Any "claim" or suit made against or received by the insured;
2. Any action or proceeding which may impose a legal obligation on the insured for a "claim";
3. Any conditions, events or circumstances that may give rise to a "claim" that, if first reported to the Company during the "policy period", may be covered by this Policy; or
4. Any conditions, events or circumstances for which notification to any governmental agency is required.

thereafter the cancellation shall be effective. This Policy may be canceled by the Company by mailing by Certified Mail Return Receipt Requested a written notice to the First Named Insured at the address shown in this Policy. The effective date of such cancellation shall be not less than 60 days (ten days for non-payment of premium) following mailing of the notice of cancellation to the First Named Insured. The time of surrender or the effective date of cancellation stated in the notice shall become the end of the "policy period".

Delivery of such written notice either by the First Named Insured or by the Company shall be equivalent to mailing. If notice is mailed by Certified Mail, the Return Receipt shall be sufficient proof of notice. If this Policy is issued to comply with any law or regulation which requires notice of cancellation to any governmental body, cancellation shall not be effective until the required notice has been provided by the Named Insured or the Company.

If the Company cancels this Policy, unearned premium shall be computed prorata; if the First Named Insured cancels; the unearned premium shall be the customary short rate proportion of the premium. In either event, the applicable unearned premium shall be returned to the Named Insured as soon as practicable following the effective date of the cancellation. Premium adjustment may be made either at the time cancellation is effected or as soon as practicable after cancellation becomes effective, but payment or tender of unearned premium is not a condition of the effective date of the cancellation.

If the Company elects not to renew this Policy for an additional "policy period", the Company shall mail written notice to the First Named Insured at the address shown in the Declarations. Such written notice of non-renewal shall be mailed at least 60 days prior to the end of the "policy period".

H. Action against Company: No action by

the insured shall be taken against the Company:

1. Unless written notice of intent is made to the Company by the insured 90 days prior to suit, and as a condition precedent thereto, there shall have been full compliance with all of the terms of this Policy; and
2. Until the amount of the insured's obligation to pay shall have been finally determined either by judgment against the insured after actual administrative proceeding or trial and appeal, if any, or by written agreement of the insured, the claimant, and the Company.

No person or organization shall have any right under this Policy to join the Company as a party to any action against the insured to determine the insured's liability nor shall the Company be impleaded by the insured or its legal representative.

I. Subrogation: In the event the Company makes any payment under this Policy, the Company shall be subrogated to all the insured's rights of recovery thereof against any person or organization. The insured shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The insured shall do nothing to prejudice such rights.

Any recovery as a result of subrogation proceedings arising under this Policy after expenses incurred in such subrogation proceeding are deducted by the party bearing the expense shall accrue to the insured and the Company in proportion to each amount actually paid as a result of the judgment, settlement or defense of a "claim".

J. Assistance and Cooperation: The insured shall:

1. Cooperate with the Company and upon our request shall produce all requested information and documentation, within a reasonable time;

2. Submit to examinations and interrogations by the Company's representative, under oath if required;
3. Attend hearings, depositions and trials; and
4. Assist in effecting settlements and securing and giving evidence, obtaining the attendance of witnesses in the conduct of suits. The insured shall not, except at its own cost, make any payment or admit any liability for any "claims". The insured shall not, except with the approval of the Company, undertake any corrective action on its own behalf or engage any person or entity to provide such services.

K. Duty of Named Insured to Report Changes: At all times during the "policy period", the Named Insured shall have the duty to notify the Company promptly of any change in the ownership of the Named Insured or a "scheduled facility". Notwithstanding such notice, no coverage is afforded by this Policy with respect to any "scheduled facility" which is not shown in the Declarations or by Endorsement issued by the Company.

L. Representations: By acceptance of this Policy, the Named Insured agrees that:

1. this policy consists of the Declarations, the coverage forms, all endorsements attached to the policy, the completed and signed application and all supplementary information and statements the insured has provided to the Company;
2. all of the information and statements provided to the Company by the insured are true, accurate and complete. This policy has been issued in reliance upon the truth and accuracy of those representations;
3. no concealment, misrepresentation or fraud shall avoid or defeat recovery under this policy unless such concealment, misrepresentation or fraud was material. Concealment, misrepresentation or fraud in the procurement of this policy which, if

known by the Company, would have led the Company to refuse to enter into this contract at its current terms, conditions or pricing, or to provide coverage for a "claim" hereunder, will be deemed material; and

4. material concealment, fraud or misrepresentation may result in the denial of a "claim" under this Policy and/or the rescission of this Policy.

X. EXTENDED REPORTING PERIODS

In the event this Policy is canceled or non-renewed by the Named Insured or the Company, the Named Insured may be entitled to the following extensions of coverage.

A. Basic Extended Reporting Period

1. A Basic Extended Reporting Period is automatically provided without additional charge. This period starts with the end of the "policy period" and lasts for 180 days. This extension of coverage does not apply if coverage for the "claim" seeking "corrective action costs" or damages because of "bodily injury" or "property damage" is provided by other insurance.

B. Supplemental Extended Reporting Period

1. A Supplemental Extended Reporting Period of 2 years is available, but only by endorsement and for an extra charge of not more than 100% of the expiring annual premium.
2. The Named Insured must give the Company a written request for the endorsement within 15 days after the end of the "policy period". The Supplemental Extended Reporting Period will not go into effect unless the Named Insured pays the additional premium promptly when due.
3. The Supplemental Extended Reporting Period starts when the Basic Extended Reporting period set forth in paragraph A. above ends.

thereafter the cancellation shall be effective. This Policy may be canceled by the Company by mailing by Certified Mail Return Receipt Requested a written notice to the First Named Insured at the address shown in this Policy. The effective date of such cancellation shall be not less than 60 days (ten days for non-payment of premium) following mailing of the notice of cancellation to the First Named Insured. The time of surrender or the effective date of cancellation stated in the notice shall become the end of the "policy period".

Delivery of such written notice either by the First Named Insured or by the Company shall be equivalent to mailing. If notice is mailed by Certified Mail, the Return Receipt shall be sufficient proof of notice. If this Policy is issued to comply with any law or regulation which requires notice of cancellation to any governmental body, cancellation shall not be effective until the required notice has been provided by the Named Insured or the Company.

If the Company cancels this Policy, unearned premium shall be computed prorata; if the First Named Insured cancels; the unearned premium shall be the customary short rate proportion of the premium. In either event, the applicable unearned premium shall be returned to the Named Insured as soon as practicable following the effective date of the cancellation. Premium adjustment may be made either at the time cancellation is effected or as soon as practicable after cancellation becomes effective, but payment or tender of unearned premium is not a condition of the effective date of the cancellation.

If the Company elects not to renew this Policy for an additional "policy period", the Company shall mail written notice to the First Named Insured at the address shown in the Declarations. Such written notice of non-renewal shall be mailed at least 60 days prior to the end of the "policy period".

H. Action against Company: No action by

the insured shall be taken against the Company:

1. Unless written notice of intent is made to the Company by the insured 90 days prior to suit, and as a condition precedent thereto, there shall have been full compliance with all of the terms of this Policy; and
2. Until the amount of the insured's obligation to pay shall have been finally determined either by judgment against the insured after actual administrative proceeding or trial and appeal, if any, or by written agreement of the insured, the claimant, and the Company.

No person or organization shall have any right under this Policy to join the Company as a party to any action against the insured to determine the insured's liability nor shall the Company be impleaded by the insured or its legal representative.

- I. Subrogation: In the event the Company makes any payment under this Policy, the Company shall be subrogated to all the insured's rights of recovery thereof against any person or organization. The insured shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The insured shall do nothing to prejudice such rights.

Any recovery as a result of subrogation proceedings arising under this Policy after expenses incurred in such subrogation proceeding are deducted by the party bearing the expense shall accrue to the insured and the Company in proportion to each amount actually paid as a result of the judgment, settlement or defense of a "claim".

- J. Assistance and Cooperation: The insured shall:

1. Cooperate with the Company and upon our request shall produce all requested information and documentation, within a reasonable time;

However, there shall be no entitlement to these extensions if coverage is terminated due to the Named Insured's non-payment of the premium or Deductible or for failure to comply with the terms and Conditions of the Policy.

These extensions of coverage shall be subject apply to "claims" first made against the insured and reported to the Company that result from a "release" of a "petroleum product" emanating from a scheduled "storage tank system" at a "scheduled facility" that first commences subsequent to the Policy effective date or retroactive date, if any, and before the end of the "policy period".

The fact that the period during which "claims" may be reported to the Company under this Policy is extended by virtue of the Basic and Supplemental Extended Reporting Periods does not in any way increase the Limits of Insurance of this Policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
CONFIRMED RELEASE COVERAGE
STORAGE TANK POLLUTION LIABILITY COVERAGE
(BASIC FORM)

It is agreed that Article I. INSURING AGREEMENT is modified as follows:

I. INSURING AGREEMENT

- A. The Company will pay, in excess of the Deductible shown in the Declarations, those sums the insured becomes legally obligated to pay as:
1. "corrective action costs", and
 2. "bodily injury" or "property damage"
- because of a "confirmed release" of a "petroleum product" from a "storage tank system" at a "scheduled facility" to which this insurance applies.
- B. The Company will have the right and duty to defend the insured against a "claim" seeking "corrective action costs" and "bodily injury" or "property damage". However, the Company will have no duty to defend the insured against any "claim" seeking "corrective action costs", "bodily injury" or "property damage" to which this insurance does not apply. The Company may, at its discretion, investigate any "release" and settle any "claim" that may result. But:
1. The amount the Company will pay for damages is limited as described in Article IV. LIMITS OF INSURANCE;
 2. The Company's right and duty to defend end when the Company has used up the applicable limit of insurance in the payment of "corrective action costs" or "bodily injury" or "property damage"; and
 3. No other obligation of liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplemental Payments.
- C. This insurance applies only if:
1. The "confirmed release" emanates from a scheduled "storage tank system" at a "scheduled facility";
 2. The "confirmed release" first commences subsequent to the Policy effective date or retroactive date, if applicable; and
 3. **The "confirmed release" is reported in writing to the Company subsequent to the effective date and prior to the expiration date of the Policy or Extended Reporting Periods, if applicable.**
- D. All "claims" for "corrective action costs" or for "bodily injury" or "property damage" from the "confirmed release" will be deemed to have been made at the time the first of those "claims" is made against any insured and reported to the Company.

For the purpose of this Endorsement the following Definitions apply:

"Corrective Action Costs" means expenses to evaluate, analyze, remedy, remove, abate, neutralize or monitor a "Confirmed Release".

"Confirmed Release" means a "Release" that has been investigated and confirmed by or on behalf of the insured by performing a "Storage Tank System" tightness test or site check in accordance with 40 CFR §280.52 or other applicable state regulation or statute.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

However, there shall be no entitlement to these extensions if coverage is terminated due to the Named Insured's non-payment of the premium or Deductible or for failure to comply with the terms and Conditions of the Policy.

These extensions of coverage shall be subject apply to "claims" first made against the insured and reported to the Company that result from a "release" of a "petroleum product" emanating from a scheduled "storage tank system" at a "scheduled facility" that first commences subsequent to the Policy effective date or retroactive date, if any, and before the end of the "policy period".

The fact that the period during which "claims" may be reported to the Company under this Policy is extended by virtue of the Basic and Supplemental Extended Reporting Periods does not in any way increase the Limits of Insurance of this Policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

WAR EXCLUSION

This endorsement modifies insurance provided under the following:

CONTRACTORS POLLUTION AND ENVIRONMENTAL PROFESSIONAL LIABILITY POLICY
CONTRACTORS POLLUTION LIABILITY POLICY
SITE POLLUTION CLEANUP LIABILITY POLICY
ENVIRONMENTAL CONSULTANTS AND ENGINEERS PROFESSIONAL LIABILITY POLICY
SITE POLLUTION LIABILITY POLICY
STORAGE TANK POLLUTION LIABILITY POLICY
HEATING OIL TANK SERVICE CONTRACT LIABILITY POLICY

Exclusion I. is replaced by the following:

This Policy does not apply to:

I. Any "claim" arising, directly or indirectly, out of:

War, including:

- a. undeclared or civil war;
- b. warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents;
- c. insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these;
- d. strike, riot, civil commotion, confiscation, nationalization, requisition or destruction of or damage to property by or under the order of any government, public or local authority.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CERTIFIED ACTS OF TERRORISM AND OTHER ACTS OF TERRORISM EXCLUSION

This endorsement modifies insurance provided under the following:

CONTRACTORS POLLUTION AND ENVIRONMENTAL PROFESSIONAL LIABILITY POLICY
CONTRACTORS POLLUTION LIABILITY POLICY SITE POLLUTION CLEANUP LIABILITY POLICY
ENVIRONMENTAL CONSULTANTS AND ENGINEERS PROFESSIONAL LIABILITY POLICY SITE
POLLUTION LIABILITY POLICY STORAGE TANK POLLUTION LIABILITY POLICY WASHINGTON
STORAGE TANK POLLUTION LIABILITY POLICY

A. The following exclusion is added:

TERRORISM AND PUNITIVE DAMAGES

This insurance does not apply to any "claim" arising, directly or indirectly, out of:

1. A "certified act of terrorism" or an "other act of terrorism", including any action taken in hindering or defending against an actual or expected incident of a "certified act of terrorism" or an "other act of terrorism"; or
2. Any act of terrorism:
 - a. that involves the use, release or escape of nuclear materials, or directly or indirectly results in nuclear reaction or radiation or radioactive contamination; or
 - b. that is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
 - c. in which pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the terrorism was to release such materials;

regardless of any other cause or event that contributes concurrently or in any sequence to the injury or damage in 1. or 2. above; including

3. Damages arising, directly or indirectly, out of 1. or 2. above that are awarded as punitive damages.

B. In the event of an act of terrorism, a "certified act of terrorism" or an "other act of terrorism" that is not subject to this exclusion, coverage does not apply to any loss or damage that is otherwise excluded under this Policy.

C. The **DEFINITIONS** section is amended and the following added:

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

- a. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
- b. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

WAR EXCLUSION

This endorsement modifies insurance provided under the following:

CONTRACTORS POLLUTION AND ENVIRONMENTAL PROFESSIONAL LIABILITY POLICY
CONTRACTORS POLLUTION LIABILITY POLICY
SITE POLLUTION CLEANUP LIABILITY POLICY
ENVIRONMENTAL CONSULTANTS AND ENGINEERS PROFESSIONAL LIABILITY POLICY
SITE POLLUTION LIABILITY POLICY
STORAGE TANK POLLUTION LIABILITY POLICY
HEATING OIL TANK SERVICE CONTRACT LIABILITY POLICY

Exclusion I. is replaced by the following:

This Policy does not apply to:

I. Any "claim" arising, directly or indirectly, out of:

War, including:

- a. undeclared or civil war;
- b. warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents;
- c. insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these;
- d. strike, riot, civil commotion, confiscation, nationalization, requisition or destruction of or damage to property by or under the order of any government, public or local authority.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

"Other act of terrorism" means a violent act or an act that is dangerous to human life, property or infrastructure that is committed by an individual or individuals and that appears to be part of an effort to coerce a civilian population or to influence the policy or affect the conduct of any government by coercion, and the act is not a "certified act of terrorism". Multiple incidents of an "other act of terrorism" which occur within a seventy-two hour period and appear to be carried out in concert or to have a related purpose or common leadership shall be considered to be one incident.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

A. This insurance does not apply:

1. Under any Liability Coverage, to "corrective action costs", "bodily injury" or "property damage":

a. With respect to which an insured under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of insurance; or

b. Resulting from the "hazardous properties" of "nuclear material" and with respect to which

(1) any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or

(2) the insured is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.

2. Under any Liability Coverage, to "corrective action costs", "bodily injury" or "property damage" resulting from "hazardous properties" of "nuclear material", if:

a. The "nuclear material"

(1) is at any "nuclear facility" owned by, or operated by or on behalf of, an insured or

(2) has been discharged or dispersed therefrom;

b. The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of, by or on behalf of an insured; or

b. The "corrective action costs", "bodily injury" or "property damage" arises out of the furnishing by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility", but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion c. applies only to "property damage" to such "nuclear facility" and any property thereat.

B. As used in this endorsement:

1. "Hazardous properties" includes radioactive, toxic or explosive properties.

2. "Nuclear material" means "source material", "special nuclear material" or "by-product material".

3. "Source material", "special nuclear material", and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof.

4. "Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor".

5. "Waste" means any waste material

a. containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and

b. resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility".

6. "Nuclear facility" means:

a. Any "nuclear reactor";

b. Any equipment or device designed or used for

(1) separating the isotopes of uranium or plutonium,

(2) processing or utilizing "spent fuel", or

(3) handling, processing or packaging "waste";

"Other act of terrorism" means a violent act or an act that is dangerous to human life, property or infrastructure that is committed by an individual or individuals and that appears to be part of an effort to coerce a civilian population or to influence the policy or affect the conduct of any government by coercion, and the act is not a "certified act of terrorism". Multiple incidents of an "other act of terrorism" which occur within a seventy-two hour period and appear to be carried out in concert or to have a related purpose or common leadership shall be considered to be one incident.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

- c. Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;
- d. Any structure, basin, excavation, premises or or place prepared or used for the storage or disposal of "waste";

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

- 7. "Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material.
- 8. "Property damage" includes all forms of radioactive contamination of property.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MINIMUM PREMIUM

The following additional policy Conditions supersede any other policy Conditions regarding a minimum premium for this Policy and any provisions within the Cancellation and Non-Renewal Condition regarding the computation of unearned premium:

Policy Premium

Policy Premium means the premium that is calculated as follows:

1. The total policy premium as shown in the policy Declarations, plus
2. Any premium adjustment by endorsements, plus
3. Any additional premium developed by audit.

Audits

Audits will not reduce the policy premium. The due date for audit premium is the date shown as the due date on the bill.

Cancellation and Minimum Earned Premium

1. If you cancel this Policy, the return premium will be 90% of the unearned premium. However, as a minimum earned premium, we will retain no less than 25% of the policy premium.
2. If we cancel the Policy:
 - a. for non-payment of premium, the earned premium will be computed pro rata based on the length of the cancelled policy term; however, as a minimum earned premium, we will retain no less than 25% of the policy premium; or
 - b. for any reason other than non-payment of premium, the earned premium will be computed pro rata based on the length of the cancelled policy term and the minimum earned premium as stated in Paragraph 2.a. above shall not apply.

Any unearned premium will be returned as soon as possible.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

- c. Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;
- d. Any structure, basin, excavation, premises or or place prepared or used for the storage or disposal of "waste";

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

- 7. "Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material.
- 8. "Property damage" includes all forms of radioactive contamination of property.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverage's you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, neither payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

CERTIFICATE OF INSURANCE

NAME: See Schedule of Facilities Endorsement (E038)

ADDRESS: See Schedule of Facilities Endorsement (E038)

POLICY NUMBER: PP245688

PERIOD OF COVERAGE: 09/20/17 TO 09/20/18

NAME OF INSURER: Colony Insurance Company
8720 Stony Point Parkway, Suite 300
Richmond, Virginia 23235
Tel. (800) 577-6614

NAME OF INSURED: 930 Port Street, Inc.
dba Commercial Fuel Systems In

ADDRESS OF INSURED: 28102 Baileys Neck Road
Easton, MD 21601

CERTIFICATION:

1. COLONY INSURANCE COMPANY, the Insurer, as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tank(s):

See Schedule of Facilities Endorsement (E038)

For "corrective action costs" and/or compensation third parties for "bodily injury" and "property damage" caused by either sudden accidental releases or non-sudden accidental releases or accidental releases, in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy arising from operating underground storage tank(s) identified above.

The Limits of Insurance are **\$1,000,000** each occurrence and **\$1,000,000** aggregate policy limit, exclusive of legal defense costs, which are subject to a separate limit under the policy. This coverage is provided under **see above**. The effective date of the policy is **09/20/17**.

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 from the insured for any such payment made by the insurer. This provision 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.
 - 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.

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverage's you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

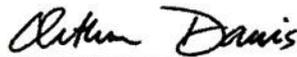
- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, neither payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

- 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 insurance, 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 licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines Insurer, in one or more states.



Arthur Davis
Authorized Representative
COLONY INSURANCE COMPANY

General Mailing Address:

General Counsel
Argo Group US, Inc.
P. O. Box 469011
San Antonio, Texas 78246

Courier Address only (Fed Ex/ UPS):

8720 Stony Point Parkway, Suite 400
Richmond, VA 23235

Telephone #: 1-877-474-8808

E-mail Address: claimreportingva@colony specialty.com

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULE OF FACILITIES ENDORSEMENT STORAGE TANK POLLUTION LIABILITY COVERAGE

It is agreed that coverage is provided for the "Storage Tank Systems" at the "Scheduled Facility(ies)" listed below:

<u>SCHEDULED FACILITY(IES)</u>	<u>NUMBER OF STORAGE TANK SYSTEM(S)</u>	<u>RETRO DATE(S)</u>
930 Port Street Easton, MD 21601	2 1994 UNDERGROUND 8,000 GALLON GASOHOL	09/20/16
	1 1994 UNDERGROUND 8,000 GALLON GASOHOL / DIESEL	09/20/16
	1 1995 UNDERGROUND 8,000 GALLON GASOHOL	09/20/16

- 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 insurance, and exclusions of the policy.

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E-mail Address: claimreportingva@colonyspecialty.com

Attachment 7. Photo Log

Photo Log
 Easton Point Gas Station, FIN 1656
 930 Port Street, Easton MD 21601

Facility Summary for Facility ID #1656

Owner Name and Address:		930 Port Street, Inc. 26102 Baileys Neck Road Easton, MD 21601 Tim Miller (410) 310-3553		
Facility ID	County	Location Name	Location St	
1656	Talbot	Commercial Fuel Systems, Inc.	930 Port Str	
Tank ID	Date Installed	Product	Tank Mat'l of Construction	Piping Mate
Status	Age (yr)	Total Capacity	Secondary Option	Secondary I
Closure Status	Closure Date	Compartment		Piping Type
1	01/01/1994	Diesel	Cathodically Protected Steel (CP Steel - Impressed Current)	Fiberglass R
Currently In Use		8,000	None	None
2	01/01/1994	Gasoline	Cathodically Protected Steel (CP Steel - Impressed Current)	Fiberglass R
Currently In Use		8,000	None	None
3A	01/01/1994	Diesel	Cathodically Protected Steel (CP Steel - Impressed Current)	Fiberglass R
Currently In Use		8,000	None	None

Photo #1
 Taken by: M. Toffel
 Date taken: 6/13/18
 Description: MDE Facility Summary

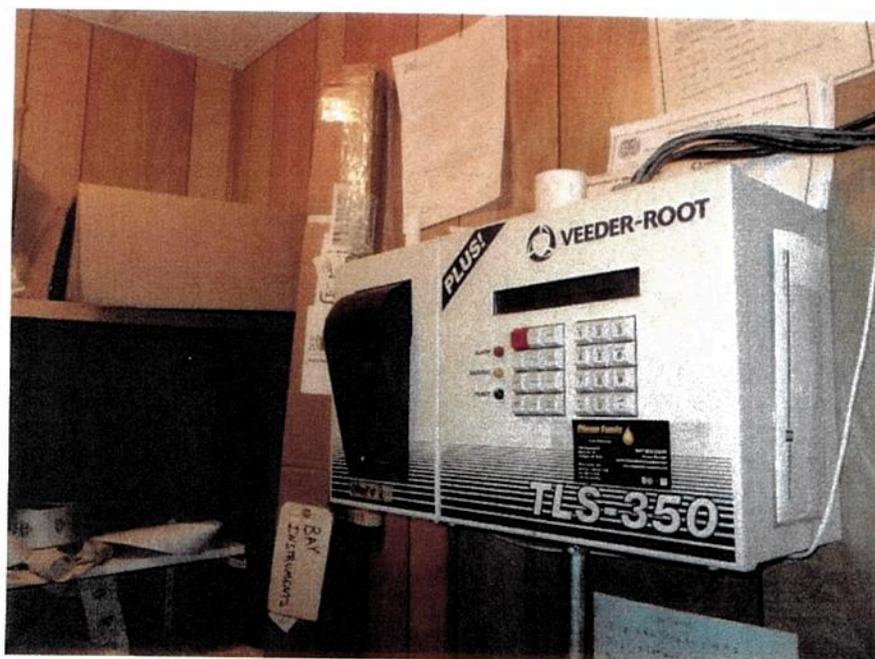


Photo #2
 Taken by: M. Toffel
 Date taken: 6/13/18
 Description: Veeder-Root on wall inside main office



Photo #3
Taken by: M. Toffel
Date taken: 6/13/18
Description: Up-close of Veeder-Root display showing alarm

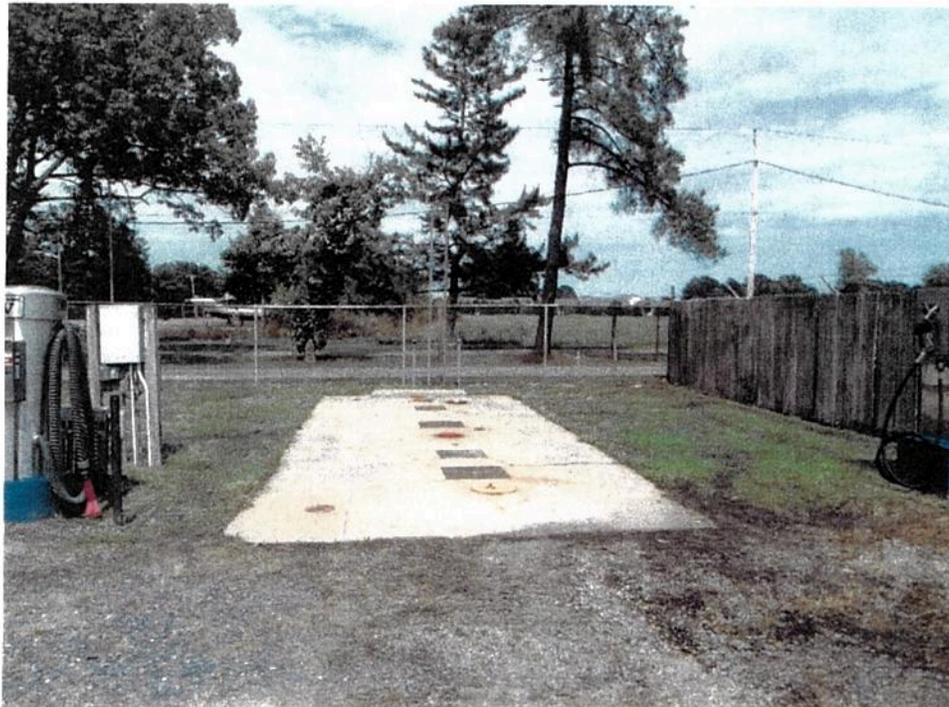


Photo #4
Taken by: M. Toffel
Date taken: 6/13/18
Description: Tank field for Tanks 1 and 2



Photo #5
Taken by: M. Toffel
Date taken: 6/13/18
Description: Tank field for Tanks 3-5



Photo #6
Taken by: M. Toffel
Date taken: 6/13/18
Description: View from Tanks 1 and 2, looking towards the dispensers



Photo #7
Taken by: M. Toffel
Date taken: 6/13/18
Description: STP sump for Tank #1, under liquid

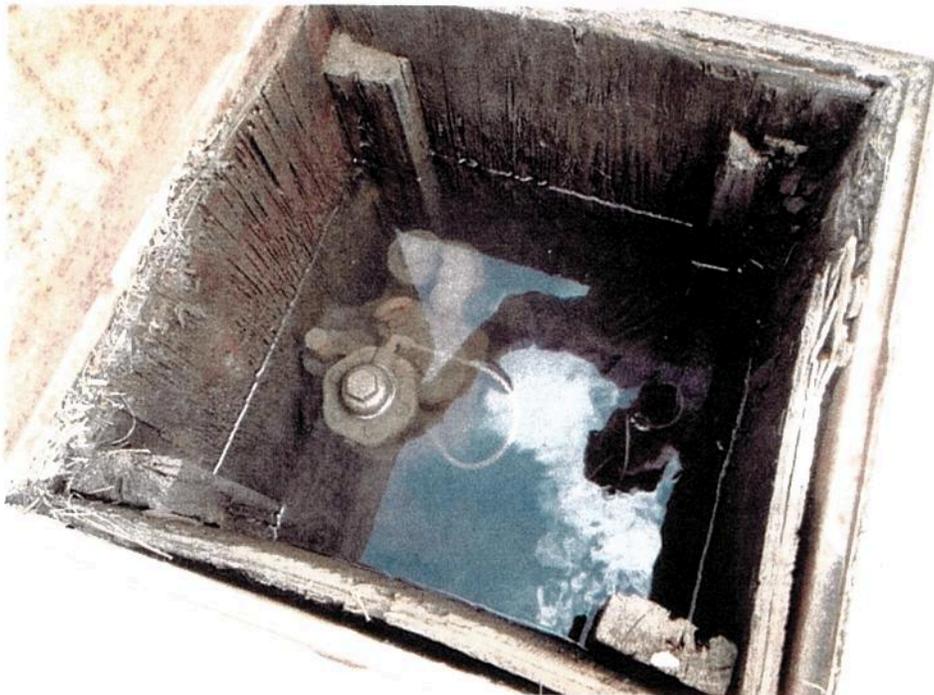


Photo #8
Taken by: M. Toffel
Date taken: 6/13/18
Description: STP sump for Tank #2, under liquid



Photo #9
Taken by: M. Toffel
Date taken: 6/13/18
Description: Rectifier in the field



Photo #10
Taken by: M. Toffel
Date taken: 6/13/18
Description: Rectifier

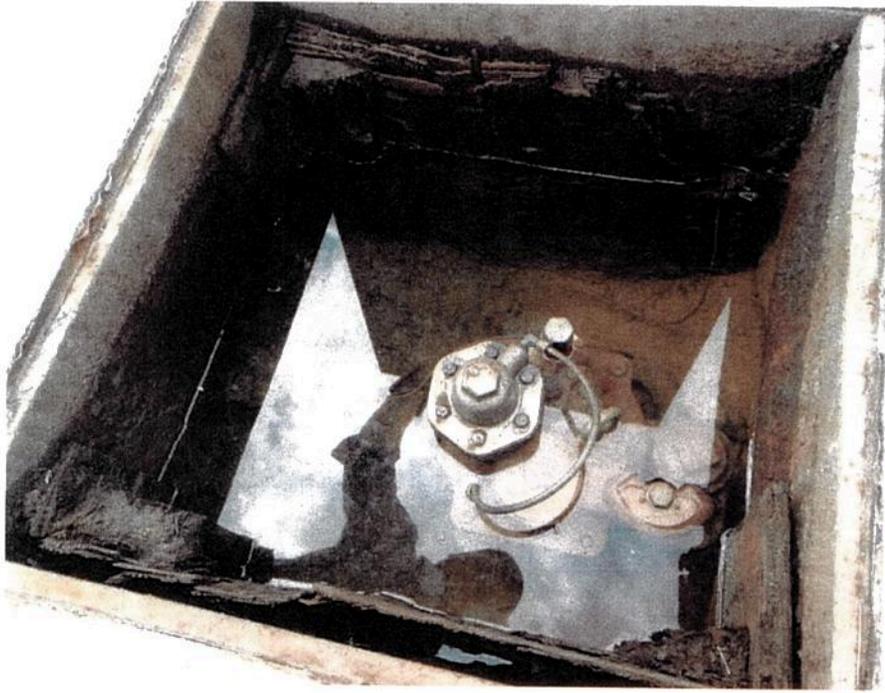


Photo #11
Taken by: M. Toffel
Date taken: 6/13/18
Description: STP sump for Tank #3, under liquid



Photo #12
Taken by: M. Toffel
Date taken: 6/13/18
Description: STP sump for Tank #4, under liquid



Photo #13
Taken by: M. Toffel
Date taken: 6/13/18
Description: STP sump for Tank #5, under liquid



Photo #14
Taken by: M. Toffel
Date taken: 6/13/18
Description: Facility sign

