

**Northwest Tank & Environmental Services, Inc.**

17407 59th Ave SE

Snohomish, WA 98296

PH: (800) 742-9620 FAX: (425) 645-7881

<http://www.nwtank.com>

Tuesday, November 24, 2020

Jacksons Food Stores  
3450 East Commercial Court  
Meridian, ID 83642

627  
15 East Sunset Way  
Issaquah, WA 98027

RE: Job ID 96000

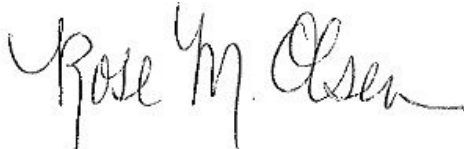
Dear Valued Customer:

The **Official Report** including all test results and any supporting documentation are enclosed. The test data covered in this report are specific to each test conducted. For your convenience, a summary of testing conducted is provided on the report cover page.

Unless stated otherwise, all compliance testing data must be maintained on site for a minimum of **5 years**. Instructions for specific test types may follow.

Please call if you have any questions or require additional information.

Sincerely,

A handwritten signature in black ink, reading "Rose M. Olsen". The signature is written in a cursive style with a large initial "R" and a long horizontal stroke at the end.



# WA LEAK TESTING CHECKLIST FOR UNDERGROUND STORAGE TANKS (USTS)

UST ID #: 7691  
County: King

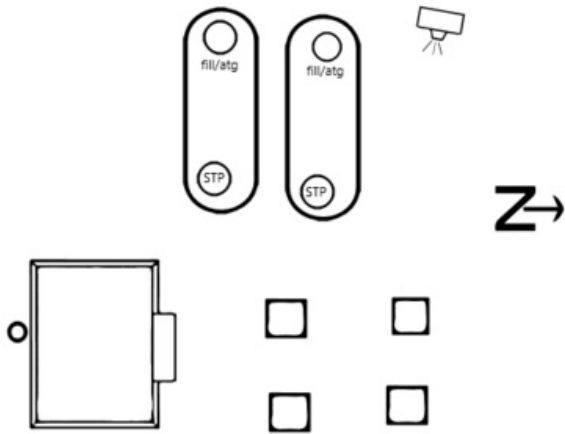
*This checklist certifies testing activities conducted in accordance with Chapter 173-360A WAC. Read instructions on pages 4-7.*

<input checked="" type="checkbox"/> <b>PASS</b> - All Section VI services performed have passing results. <input type="checkbox"/> <b>FAIL</b> - One or more components tested in Section VI require repair and re-testing.		<b>DATE TESTS CONDUCTED:</b> 11/18/2020	
<b>I. UST FACILITY</b>		<b>II. CERTIFIED SERVICE PROVIDER</b>	
Facility Compliance Tag #: <u>A0500</u>		Service Provider Name: Juan Carrillo	
UST ID #: 7691		Company Name: Northwest Tank & Environmental Services, Inc.	
Site Name: 627		Address: 17407 59th Ave SE	
Site Address: 15 East Sunset Way		City: Snohomish	State: WA Zip: 98296
City: Issaquah		Phone: (800) 742-9620 Email: info@nwtank.com	
County: King		ICC Certification Type: Tightness Testing ICBO- U3	
Site Phone: 425-427-2744		ICC Cert. #: 8217074 - U3 Exp. Date: 08/29/2021	
<b>III. UST OWNER/OPERATOR</b>			
Name: Jacksons Food Stores Phone: 208-888-6061 Email: richard.wright@jacksonsfoodstores.com			
<b>IV. UST SYSTEM INFORMATION</b> Observations on test day.			
1. Tank ID #, as registered with Ecology or identified on AT G	1	2	
2. Tank Status. OP (Operational); TC (Temporary Closure)	OP	OP	
3. Product stored, including % of alternative fuels	Premium	Regular	
4. Tank or compartment capacity (gallons)	12000	20000	
5. Product pumping/flow method. Note as: P (Pressurized); NS (Non-safe Suction); SS (Safe Suction); Si (Siphon); GR (Gravity Fed)	Pressure	Pressure	
Abbreviations for lines 5 and 6 below: Steel (ST); Fiberglass (FRP); Clad Steel (CLAD); Flexible (FLEX); Double Wall (DW); Single Wall (SW); Not Visible (NV)			
6. Tank material and construction observed	DWF	DWF	
7. Pipe material and construction observed	DWF	DWF	
<b>V. REASON FOR SERVICES PERFORMED</b> (Check all that apply)			
<input type="checkbox"/> Annual testing <input checked="" type="checkbox"/> 3-year testing	<input type="checkbox"/> Test after install/repair <input type="checkbox"/> Return UST system to operation	<input type="checkbox"/> Other (explain):	

VI. SERVICES PERFORMED	
Required: Include verification for each test performed.	
#PASS	#FAIL      # REPAIRED & PASSING
SERVICES:	DESCRIPTIONS REQUIRED: (SEE INSTRUCTIONS P. 4-7)
ALLD Test ( <b>attach data</b> )  Test method used: <b>N/A</b> Test method cert.exp.date:	
Line Tightness Test ( <b>attach data</b> )  Test method used: <b>N/A</b> Test method cert.exp.date:	
Electronic Monitoring System Tests  Controller.mfr/model: <b>Array</b> Controller cert.exp.date: Monitor/controller Probe Sump Sensor Functionality Tank Annular Sensor Functionality	
Overfill Equipment Test <input type="checkbox"/> Auto shutoff <input type="checkbox"/> Ball float valve <input checked="" type="checkbox"/> Overfill alarm      2	test per rp1200
Fill/Spill Bucket Test ( <b>attach data</b> )      2	fill buckets test per rp1200
Tank-Top or Transition Sump Test ( <b>attach data</b> )	
UDC Sump Test ( <b>attach data</b> )	
Tank Tightness Test ( <b>attach data</b> )  3rd-party certified test: Test method used: <b>N/A</b> Test method cert.exp.date:	
Other	
VII. EXPLANATIONS/PROBLEMS ENCOUNTERED:	
Provide additional test information. Explain irregularities. Describe problems encountered and how addressed..	
Sump Test: Comments - Fill Spill buckets pass all buckets are in a sump that has a VR- sensor	

# VIII. UST SITE AND SYSTEM DIAGRAM

Diagram required. Include North arrow.


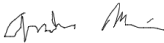


**PERSONS SUBMITTING FALSE INFORMATION ARE SUBJECT TO FORMAL ENFORCEMENT AND /OR PENALTIES UNDER CHAPTER 173-360A WAC.**

## IX. FINAL CHECK

Mark the following:	YES	NO	N/A
1. All checked services tested per recommended practices, code and/or manufacturer's requirements, and in accordance with state regulations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Owner/operator provided with copy of the checklist and testing results.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Any faulty equipment or necessary repairs explained to owner/operator or site contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## X. REQUIRED SIGNATURES

11/18/2020		Juan Carrillo - Tech
Date	Signature of Certified Service Provider	Print or Type Name
11/18/2020		Andrew Marvin
Date	Signature of Tank Owner or Authorized Representative	Print or Type Name

## Certificate Of Precision Containment Sump Testing

Company Name:	Jacksons Food Stores	Testing Company Name	Northwest Tank & Environmental Services, Inc.
Site Name:	627	:	
Address:	15 East Sunset Way Issaquah, WA 98027	Address:	17407 59th Ave SE
		City/State/Zip:	Snohomish, WA 98296
Test Date/Time:	11/18/2020 04:00:00 pm	PH: (800) 742-9620	FAX: (425) 645-7881
Service Order#:	96000		<a href="http://www.nwtank.com">http://www.nwtank.com</a>
Customer PO#:	Invoice		
Test Method:	Hydrostatic		
UST Site ID:	7691		

Test #	Component Location	MFR	Start Time	End Time	Start Test (inches)	End Test (inches)	Sump Type	SW or DW Sump/Bucket	DW or SW Lines	Measured Loss	Results
1	87	opw	03:21:32	04:21:53	11	11	Fill Spill Bucket	sw	DW	0	Pass
2	92	opw	03:21:32	04:21:53	11	11	Fill Spill Bucket	sw	DW	0	Pass

**Comments:**

Fill Spill buckets pass all buckets are in a sump that has a VR- sensor

Testing performed by: Juan Carrillo

Signature:



Date: 11/18/2020

**NORTHWEST TANK & ENVIRONMENTAL SERVICES, INC.**

**OVERFILL ALARM  
OPERATION INSPECTION**

Facility Name: <b>jfs #0627</b>	Owner:		
Address: <b>15 E sunset way</b>	Address:		
City, State, Zip Code: <b>Issaquah WA.</b>	City, State, Zip Code:		
Facility I.D. #:	Phone #:		
Testing Company: <b>Northwest Tank</b>	Phone #:	Date: <b>11/18/2020</b>	

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

Tank Number	<b>1</b>	<b>2</b>		
Product Stored	<b>92</b>	<b>87</b>		
Tank Level Monitor Brand and Model	<b>vr tls350</b>	<b>vr tls350</b>		
1. Tank Volume, gallons	<b>12000</b>	<b>20000</b>		
2. Tank Diameter, inches	<b>117.75</b>	<b>117.75</b>		
3. Does the overfill alarm activate in the test mode at the console?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. When activated, can the overfill alarm be heard or seen while delivering to the tank?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. After removing the probe from the tank, has it been inspected and any damaged or missing parts replaced?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Float moves freely on the stem without binding?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does moving product level float up the stem trigger alarm?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Inch level from bottom of stem when 90% alarm is triggered.	<b>99</b>	<b>99 1/8</b>		
9. Tank volume at inch level in Line 8.	<b>10640</b>	<b>17800</b>		
10. Calculate (Line 9 / Line 1) x 100	<b>88.666666666666</b>	<b>89</b>	<b>NaN</b>	<b>NaN</b>
11. Is Line 10 less than 90%?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does the fuel float level on the console agree with the gauge stick reading?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does the overfill alarm activate at any product level above 90% tank capacity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

<b>Test Results</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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**Comments:**

Tester's Name juan carrillo Tester's Signature \_\_\_\_\_