

WA LEAK TESTING CHECKLIST FOR UNDERGROUND STORAGE TANKS (USTS)

UST ID #: <u>7691</u>
County: King

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

▼ PASS - All Section VI services performed have passing results.					
☐ FAIL - One or more components tes and re-testing.	equire repair	DATE TES	STS CONDUCTED: 11/2	21/2022	
I. UST FACILITY		II. CERTIFIE	II. CERTIFIED SERVICE PROVIDER		
Facility Compliance Tag #: A0500		Service Prov	ider Name:	Juan Carrillo	
UST ID #: 7691		Company Na	ame: Northw	vest Tank & Environmental Ser	vices, Inc.
Site Name: 627		Address: 211	20 Hwy 9 S	SE .	
Site Address: 15 East Sunset Way		City: Woodin	City: Woodinville State: WA Zip: 98072		
City: Issaquah		Phone: (800)	742-9620	Email: info@nwtank.com	
County: King		ICC Certifica	tion Type: T	ightness Testing ICBO- U3	
Site Phone: 425-427-2744		ICC Cert. #:	8217074 - L	3 Exp. Date: 09/0)3/2023
	III. US	ST OWNER/OPERATO	R		
Name: Jacksons Food Stores	Phone: 208	8-888-6061 Email:	richard.wrig	ht@jacksonsfoodstores.com	
		SYSTEM INFORMAT	ION		
	Ob	servations on test day.			
Tank ID #, as registered with Ecology o ATG	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			
	Abbrevia	tions for lines 5 and 6 b	elow:		
Steel (ST); Fiberglass (FRP); C	lad Steel (CLAD);	Flexible (FLEX); Double	Wall (DW);	Single Wall (SW); Not Visible (N	V)
6. Tank material and construction observe	DWF		DWF		
7. Pipe material and construction observed		DWF		DWF	
		FOR SERVICES PERF Check all that apply)	FORMED		
Annual testing	☐ Test after ins	tall/repair		Other (explain):	
3-year testing	☐ Return UST	☐ Return UST system to operation		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 (attach data)	2			
Test method used: LDT 890				test per rp1200
Test method cert.exp.date:9/3/2023				
Line Tightness Test (attach	2			
data)	_			test per rp1200
Test method used: Acurite				
Test method cert.exp.date: 9/3/2023				
Electronic Monitoring System Tests				
Controller.mfr/model:V-R TLS 350				
Controller cert.exp.date: 9/3/2023				test per rp1200. test per rp1200 test per rp1200 test
Monitor/controller	1			per rp1200
Probe	2			
Sump Sensor Functionality	8			
Tank Annular Sensor Functionality	2			
OverfillEquipmen Test Auto shutoff Ball float valve				
Fill/Spill Bucket Test (attach data) Tank-Top or Transition Sump Test (attach data)				
UDC Sump Test (attach data)				
Tank Tightness Test (attach data)				
3rd-party certified test:				
Test method used: N/A				
Test method cert.exp.date:				
Other				
Provide additional test i Leak Detector: Comments - Site pass all ELLD's s	nformatio	n. Explai	n irregularitie	DBLEMS ENCOUNTERED: s. Describe problems encountered and how addressed
Line Test: Comments - Site pass all lines hel	d tight			
Tank Monitor:Tank_monitors #1: Site pass all ELLD's stop the fl	ow when a	a leak was	simulated	

	VIII. UST SITE AND SYSTEM DIAGRAM			
	Diagram required. Include North arrow.			
	fill/atg fill/atg fill/atg			
•				
PERSONS SUB	MITTING FALSE INFORMATION ARE SUBJECT TO FORMA AND/OR PENALTIES UNDER CHAPTER 173-360A WAC.	L ENFORCEM	ENT	
	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.				
2. Owner/operator provided with copy of the checklist and testing results.		V		
3. Any faulty equipment or neo	cessary repairs explained to owner/operator or site contact.			V
X. REQUIRED SIGNATURES				
11/21/2022 Juan Carrillo - Tech				
Date Signature of	of Certified Service Provider	Print or Ty	pe Name	
12/13/2022 Out V		Andrew Mar	vin	
Date Signature of	of Tank Owner or Authorized Representative	Print or Ty	pe Name	

Automatic Line Leak Detector Test Results

Company Name: Jacksons Food Stores

Site Name: 627 Address: 15 East Sunset Way Issaquah, WA 98027

UST Site ID: 7691

Test Date/Time: 11/21/2022 08:10:50 am

Alarm sound when 3GPH leak detected: Yes

Handle signal while in alarm: No

Job ID Number: 111981

Technician Name: Juan Carrillo License Number: 8217074 - U3 Expiration Date: 09/03/2023

Product: Premium	Make: Veeder Root	Operating Pressure: 30	Result: Pass
Tank ID: 1	Model: 8484	Holding Pressure: 28	
LD Type: Electronic	Serial#: 339764	Bleedback (ml): 50	
Additional Data For Electi	ronic Leak Detectors Only		
# of tests run: 2			
Alarm sound when 3GPH le	eak detected: Yes		
Handle signal while in alarm	ı: No		
Product: Regular	Make: Veeder Root	Operating Pressure: 30	Result: Pass
Tank ID: 2	Model: 8484	Holding Pressure: 28	
LD Type: Electronic	Serial#: 339764	Bleedback (ml): 50	
Additional Data For Electi	ronic Leak Detectors Only		
# of tests run: 2			

Leak detector testing conducted in accordance with the procedures and limitations of the LDT 890 leak detector tester. A leak is simulated at the highest point in the line using the LDT 890 calibrated to 3 gph at a metering pressure of 10 psi. The owner or operator of the UST system is required to ensure any failed leak detector is replaced before placing the line back in service.

The results of any sampling, testing, or monitoring shall be maintained for at least five years, or for another reasonable period of time determined by the department or delegated agency, except that the results of tank tightness testing conducted in accordance with CFR 40 Part 280.44 shall be retained until the next test is conducted.

Comments: Site pass all ELLD's stop the flow when a leak was simulated

Technician Name: Juan Carrillo

Corred Da

Signature:

Date: 11/21/2022

Line Tightness Test Results

Company Name: Jacksons Food Stores Job ID Number: 111981

Site Name: 627 Technician Name:

Address: 15 East Sunset Way Issaguah, WA 98027 License Number: 8217074 - U3

UST Site ID: 7691

Test Date: 11/21/2022

Line Tightness Test Data

Product: Approx Length: Size: Line Material: Wall Type: Boot Back: Line Type:	Premium 150 2 FRP Single Yes Pressure	Tank ID: STP MFG: Operating Pressure: Test Pressure: Isolation Dispenser: Isolation Pump: Initial Cylinder Level: Final Cylinder Level:	1 FE Petro 2 HP 30 45 Impact Valve Ball Valve 0.060 0.060	Start Time: End Time: Total Test Time: Final Leak Rate: Impact Valves Operational: Check Valve Location: Result:	09:00 09:30 30mins .00000 N/A N/A Pass
Product: Approx Length: Size: Line Material: Wall Type: Boot Back: Line Type:	Regular 200 2 FRP Single Yes Pressure	Tank ID: STP MFG: Operating Pressure: Test Pressure: Isolation Dispenser: Isolation Pump: Initial Cylinder Level: Final Cylinder Level:	2 FE Petro 1.5 HP 30 45 Impact Valve Ball Valve 0.060 0.060	Start Time: End Time: Total Test Time: Final Leak Rate: Impact Valves Operational: Check Valve Location: Result:	09:00 09:30 30mins .00000 N/A N/A Pass

Line tightness testing conducted in accordance with the procedures and limitations of the Acurite pipeline tester. A consistent leak rate of .01 gph or higher at 150% of normal operating pressure is considered a failure. The owner or operator of the UST system is required to report all failures to the appropriate agency within 24 hours.

The results of any sampling, testing, or monitoring shall be maintained for at least five years, or for another reasonable period of time determined by the department or delegated agency, except that the results of tank tightness testing conducted in accordance with CFR 40 Part 280.44 shall be retained until the next test is conducted.

Comments: Site pass all lines held tight

Technician Name: Juan Carrillo

Signature:

Date: 11/21/2022

Juan Carrillo

09/03/2023

Expiration Date:

Monitoring System Certification

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information

Facility Contact Person: Andrew Marvin
Make / Model Monitoring System: V-R TLS 350

Company Name: Jacksons Food Stores Site Address: 15 East Sunset Way

UST Site ID: 7691

Date Of Testing: 11/21/2022

Site Name: 627

City, State, ZIP: Issaquah, WA 98027 Facility Phone Number: 425-427-2744

Serial #: 40321219805002

B. Inventory of Equipment Tested/Certified

Tank #: 1 Premium		Tank #: 2 Regular	
Talik #. 11 Tellilalli		Talik #. 2 Hegulai	
In-Tank Gauging Probe	Mag 1 Probe	In-Tank Gauging Probe	Mag 1 Probe
Annular Space or Vault Sensor:	794380-303	Annular Space or Vault Sensor:	794380-303
Piping Sump / Trench Sensor:	794380-352	Piping Sump / Trench Sensor:	794380-352
Fill Sump Sensor:	794380-352	Fill Sump Sensor:	794380-352
Mechanical Line Leak Detector:	N/A	Mechanical Line Leak Detector:	N/A
Electronic Line Leak Detector:	8484	Electronic Line Leak Detector:	8484
Tank Overfill / High Level Sensor:	HLA/DTFV	Tank Overfill / High Level Sensor:	HLA/DTFV
Other:		Other:	

Dispenser ID:	1/2	Dispenser ID:	3/4
Dispenser Containment Sensors Model:	794380-208	Dispenser Containment Sensors Model:	794380-208
Shear Valves: Yes	Floats & Chains: N/A	Shear Valves: Yes	Floats & Chains: N/A
Dispenser ID:	5/6	Dispenser ID:	7/8
	7.		
Dispenser Containment Sensors Model:	794380-208	Dispenser Containment Sensors Model:	794380-208

C. Certification

I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report (check all that apply):

Technician Name: Juan Carrillo

Certification Number:

Testing Company Name: Northwest Tank & Environmental Services, Inc. Address: 21120 Hwy 9 SE Woodinville, WA 98072

Expiration Date:

COTTON!

Date of Testing: 11/21/2022

Signature:

D. Results of Testing/Service

D. nesults of Tes	String/Oct vice		
Yes	Is the audible alarm operational?		
Yes	Is the visual alarm operational?		
Yes	Were all sensors visually inspected, functionally tested, and confirmed operational?		
Yes	If alarms are relayed to a remote monitoring station, is all communications equipment operational?		
Yes, Leak Only	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?		
N/A	If yes: which sensors initiate positive shut-down?		
Yes, Leak Only	Did you confirm positive shut-down due to leaks and sensor failure/disconnection?		
N/A	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(s) and operating properly?		
N/A	If so, at what percent of tank capacity does the alarm trigger?		
No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E below.		
No	Was liquid found in any secondary containment systems designed as dry systems?		
N/A	If yes, what type of liquid?		
Yes	Was monitoring system set-up reviewed to ensure proper settings? Attach setup reports, if applicable.		
Yes	Is all monitoring equipment operational per manufacturers specifications?		

In section E. below, describe how and when these deficiencies were or will be corrected.

E. Comments

Site pass all ELLD's stop the flow when a leak was simulated

State Tank ID	Product	Manual Stick Readings(inches)	Gauge Readings(inches)	Difference
1	Premium	27	26.62	.38
2	Regular	40	40.05	05

F. In-Tank Gauging / SIR Equipment

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Yes	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
Yes	Were all tank gauging probes visually inspected for damage and residue buildup?
Yes	Was accuracy of system product level readings tested?
Yes	Was accuracy of system water level readings tested?
Yes	Were all probes reinstalled properly?
Yes	Were all items on the equipment manufacturer's maintenance checklist completed?

G. Line Leak Detectors (LLD):

Yes	For equipment startup or annual equipment certification, was leak simulated to verify LLD performance?		
3 GPH	Leak Rate		
Yes	Were all LLDs confirmed operational and accurate within regulatory requirements?		
Yes	Was the testing apparatus properly calibrated?		
N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?		
Yes	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?		
Yes	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?		
Yes	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?		
Yes	For electronic LLDs, have all accessible wiring connections been visually inspected?		
Yes	Were all items on the equipment manufacturer's maintenance checklist completed?		





UST WALKTHROUGH INSPECTIONS CHECKLIST

Cito Namo	; #0627
Cito	15 e sunset way
Addross.	y Issaguah WA.

ag #

Initial each box to indicate the equipment was inspected, as described. Use NA if the equipment inspection does not apply to the site.

Take action for any alarms, damaged equipment and non-normal operating conditions; note actions taken on page 2

NOTE: Petroleum found in a sump or interstice must be reported to Ecology within 24 hours.

YEAR:2022	Jan	Feb	Mar	Apr	May	Jun	<u>u</u>	Aug	Sep	Oct	Nov	Dec
REQUIRED MONTHLY												
Spill bucket(s) checked for damage and cracks*. Liquid and/or debris removed.											JC	
Fill pipe(s) checked for obstructions. Removed, if found.											5	
Fill cap(s) securely fitted on fill pipe(s).											JC	
Tank monitor equipment checked for alarms and normal operating condition.											JC	
Leak detection records are reviewed for non-leaking results and kept for three years. Suspected leaks were reported.											JC	
REQUIRED ANNUALLY												
Containment sump(s) checked for damage and presence of liquid. Liquid and/or debris removed.											JC	
If using manual tank gauging , checked condition of tank gauge stick is good (e.g. readable at $1/8$ " increments throughout).											JC	
RECOMMENDED ACTIVITIES												
Emergency spill response supplies inventoried and restocked if low. Inspected supplies for deterioration.											JC	
Inspected loose fitting, deterioration, obvious signs of leaks and improper function of dispenser hoses, nozzles and breakaways.											JC	
		:			-				:		-	

^{*}If a tank receives deliveries at intervals greater than 30 days, the spill bucket check may instead be conducted prior to each delivery. To be eligible for this option, include a copy of each delivery receipt with this form.

Note: This checklist doesn't include the requirement to inspect hydrant pits and piping vaults at airport hydrant systems at least every 30 days.

Use this table to explain actions taken by employees and/or service provider to fix issues. Use additional sheets, as necessary.

	16 Checked reg unl annular space, found fuel. Called Ecology to report. Product removed 3/9/16. Tank tightness test scheduled 3/10/16. Called Ecology to report test results.	Ex: 3/8/16
	16 Removed water from regular spill bucket into drum for proper disposal. Called service provider to respond to reg unl sensor alarm.	Ex: 3/1/16
Initials	Action Taken	Date
	Use this table to explain actions taken by employees and/or service provider to tix issues. Use additional sneets, as necessary.	USe

Keep this record for three years after the last inspection date on the form.

Service 711, or TTY 877-833-6341. To request materials in a format for the visually impaired, visit https://ecology.wa.gov/accessibility, call Ecology at 360-407-7668, Relay