

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

UST ID #: County: 7681

Grays Harbor

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

<ul> <li>✓ PASS - All Section VI services performed have passing results.</li> <li>□ FAIL - One or more components tested in Section VI require repair</li> <li>DATE TESTS CONDUCTED: 05/03/2</li> </ul>					ED: 05/03/2023
and re-testing.					
I. UST FACILITY		II. CERTIFIE	D SERVI	CE PROVIDER	
Facility Compliance Tag #: A4311	-	Service Prov	vider Nam	e: Tyler Hardy	
UST ID #: 7681		Company Na	ame: Nortl	nwest Tank & Envi	ronmental Services, Inc.
Site Name: 2709660		Address: 21	120 Hwy 9	SE	
Site Address: 220 Lincoln Street		City: Woodin	ville	State: WA	Zip: 98072
City: Hoquiam		Phone: (800)	742-9620	) Email: info@n	wtank.com
County: Grays Harbor		ICC Certifica	tion Type:	Tightness Testing	ICBO- U3
Site Phone: (602)728-8000 Ext 7233		ICC Cert. #:	8176598	E	Exp. Date: 12/22/2023
	III. US	ST OWNER/OPERATC	R		
Name: Circle K Stores Inc	Phone: 95	1-270-5108 Email:	yjones@d	circlek.com	
	IV. UST	SYSTEM INFORMAT	ION		
	Ob	servations on test day.			
1. Tank ID #, as registered with Ecology o ATG	or identified on	1			2
2. Tank Status. OP (Operational); TC (Te	mporary Closure)	OP			OP
3. Product stored, including % of alternati	ve fuels	Premiun	Premium		Regular
4. Tank or compartment capacity (gallons	3)	7,841	7,841		14,976
5. Product pumping/flow method. Note as NS (Non-safe Suction); SS (Safe Suction) (Gravity Fed)		Pressure	9		Pressure
Steel (ST); Fiberglass (FRP); C		tions for lines 5 and 6 b Flexible (FLEX); Double		; Single Wall (SW);	Not Visible (NV)
6. Tank material and construction observ	ed	DWF	DWF		DWF
7. Pipe material and construction observe	DWF	DWF		DWF	
		FOR SERVICES PERI (Check all that apply)	FORMED	•	
Annual testing	🔲 Test after ins	stall/repair			
3-year testing	system to operation		Other (explain):		

	Require			PERFORMED ion 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 method cert.exp.date:5/3/2024				
Line Tightness Test (attach data)	2			
Test method used: Acurite				
Test method cert.exp.date: 5/3/2024				
Electronic Monitoring System Tests				
Controller.mfr/model:V-R TLS 350				
Controller cert.exp.date: 5/3/2024				
Monitor/controller	1			•
Probe	2			
Sump Sensor Functionality	2			
Tank Annular Sensor Functionality	2			
OverfillEquipmen t Test				
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				
Leak Detector:	informatio	n. Explai	n irregularitie	<b>DBLEMS ENCOUNTERED:</b> s. Describe problems encountered and how addressed
Comments - Tied into and tested All ALLDs passed the 3 GPH test				0.44.
Line Test: Comments - Tied into and tested All lines passed the 0.01 GPH tes	-			30.44
Tank Monitor: Tank_monitors #1: TLS 350 was tested per RP 1 Probes were removed and tested			rfill, high wate	r warning, and high water alarm.

Northwest Tank & Environmental Services, Inc.

Liquid sensors were tested and confirmed operational to manufacturer specifications.

High level alarm was functionally tested to RP 1200 standards by raising the product floats to 90% capacity and was confirmed operational.

WA Leak Testing Checklist: Comments - Leak Detector: Comments - Tied into and tested from impacts in dispenser. All ALLDs passed the 3 GPH test in accordance with CFR 40 part 280.44.

Line Test:

Comments - Tied into and tested from impacts in dispenser. All lines passed the 0.01 GPH test in accordance with CFR 40 part 280.44

Tank Monitor:

- --Tank\_monitors--
- #1: TLS 350 was tested per RP 1200 standards.

Probes were removed and tested for high product, overfill, high water warning, and high water alarm.

Liquid sensors were tested and confirmed operational to manufacturer specifications.

High level alarm was functionally tested to RP 1200 standards by raising the product floats to 90% capacity and was confirmed operational.

	VIII. UST SITE AND SYSTEM DIAGRAM Diagram required. Include North arrow.			
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PE	RSONS SUBMITTING FALSE INFORMATION ARE SUBJECT TO FORMAL	ENFORCEM	IFNT	
PE	RSONS SUBMITTING FALSE INFORMATION ARE SUBJECT TO FORMAL AND/OR PENALTIES UNDER CHAPTER 173-360A WAC.	ENFORCEM	IENT	
	AND/OR PENALTIES UNDER CHAPTER 173-360A WAC. IX. FINAL CHECK		_	N/A
Mark the follow	AND/OR PENALTIES UNDER CHAPTER 173-360A WAC. IX. FINAL CHECK ing: ervices tested per recommended practices, code and/or manufacturer's	ENFORCEM YES	NO	N/A
Mark the follow 1. All checked s requirements, ar	AND/OR PENALTIES UNDER CHAPTER 173-360A WAC. IX. FINAL CHECK ing:	YES	NO	
Mark the follow 1. All checked s requirements, an 2. Owner/operat	AND/OR PENALTIES UNDER CHAPTER 173-360A WAC. IX. FINAL CHECK ing: ervices tested per recommended practices, code and/or manufacturer's nd in accordance with state regulations.	YES	NO	
Mark the follow 1. All checked s requirements, an 2. Owner/operat	AND/OR PENALTIES UNDER CHAPTER 173-360A WAC. IX. FINAL CHECK ing: ervices tested per recommended practices, code and/or manufacturer's nd in accordance with state regulations. or provided with copy of the checklist and testing results.	YES	NO	
Mark the follow 1. All checked s requirements, an 2. Owner/operat	AND/OR PENALTIES UNDER CHAPTER 173-360A WAC. IX. FINAL CHECK ing: ervices tested per recommended practices, code and/or manufacturer's nd in accordance with state regulations. or provided with copy of the checklist and testing results. upment or necessary repairs explained to owner/operator or site contact.	YES	NO	
Mark the follow 1. All checked s requirements, ar 2. Owner/operat 3. Any faulty equ	AND/OR PENALTIES UNDER CHAPTER 173-360A WAC. IX. FINAL CHECK ing: ervices tested per recommended practices, code and/or manufacturer's nd in accordance with state regulations. or provided with copy of the checklist and testing results. upment or necessary repairs explained to owner/operator or site contact.	YES	NO	
Mark the follow 1. All checked s requirements, an 2. Owner/operat 3. Any faulty equ 05/03/2023	AND/OR PENALTIES UNDER CHAPTER 173-360A WAC. IX. FINAL CHECK ing: ervices tested per recommended practices, code and/or manufacturer's nd in accordance with state regulations. or provided with copy of the checklist and testing results. upment or necessary repairs explained to owner/operator or site contact. X. REQUIRED SIGNATURES	YES	NO	

Company Name: Circle K Stores Inc Site Name: 2709660 Address: 220 Lincoln Street Hoquiam, WA 98550-1850 UST Site ID: 7681 Test Date/Time: 05/03/2023 09:00:10 am Job ID Number: 116743 Technician Name: Tyler Hardy License Number: 8176598 Expiration Date: 12/22/2023

Product: Premium	Make: FE Petro	Operating Pressure: 30	Result: Pass
Tank ID: 1	Model: STP MLD	Holding Pressure: 20	
LD Type: Mechanical	Serial#:	Bleedback (ml): 150	
Additional Data For Mechan	ical Leak Detectors Only		
Metering Pressure: 10			
Step Through Time: 2			
Product: Regular	Make: VMI	Operating Pressure: 30	Result: Pass
Tank ID: 2	Model: LD2000	Holding Pressure: 30	
LD Type: Mechanical	Serial#:	Bleedback (ml): 75	
Additional Data For Mechan	ical Leak Detectors Only	•	
Metering Pressure: 19			
Step Through Time: 1			

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: Tied into and tested from impacts in dispenser. All ALLDs passed the 3 GPH test in accordance with CFR 40 part 280.44.

Technician Name: Tyler Hardy Signature:

Date: 05/03/2023

## Line Tightness Test Results

Company Name:	Circle K Stores Inc	Job ID Number:	116743
Site Name:	2709660	Technician Name:	Tyler Hardy
Address:	220 Lincoln Street Hoquiam, WA 98550-1850	License Number:	8176598
UST Site ID:	7681	Expiration Date:	12/22/2023
Test Date:	05/03/2023		

## Line Tightness Test Data

Product: Approx Length: Size:	Premium	Tank ID: STP MFG: Operating Pressure: Test Pressure:	1 30 45	Start Time: End Time: Total Test Time:	10:07 10:37 30mins
Line Material: Wall Type: Boot Back: Line Type:	FRP DW Yes Pressure	Isolation Dispenser: Isolation Pump: Initial Cylinder Level: Final Cylinder Level:	Hopact Valve Ball Valve .1 .0975	Final Leak Rate: Impact Valves Operational: Check Valve Location: <b>Result:</b>	.00500 Yes N/A Pass
Product: Approx Length: Size: Line Material: Wall Type: Boot Back: Line Type:	Regular FRP DW Yes Pressure	Tank ID: STP MFG: Operating Pressure: Test Pressure: Isolation Dispenser: Isolation Pump: Initial Cylinder Level: Final Cylinder Level:	2 30 45 Impact Valve Ball Valve .1 .0975	Start Time: End Time: Total Test Time: Final Leak Rate: Impact Valves Operational: Check Valve Location: <b>Result:</b>	10:07 10:37 30mins .00500 Yes 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: Tied into and tested from impacts in dispenser. All lines passed the 0.01 GPH test in accordance with CFR 40 part 280.44

Technician Name: Tyler Hardy Signature:

Date: 05/03/2023

## **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: Reyna Mendez Make / Model Monitoring System: V-R TLS 350

Company Name: Circle K Stores Inc Site Address: 220 Lincoln Street UST Site ID: 7681

Date Of Testing: 05/03/2023 Site Name: 2709660 City, State, ZIP: Hoquiam, WA 98550-1850 Facility Phone Number: (602)728-8000 Ext 7233 Serial #: 40421402103001

## B. Inventory of Equipment Tested/Certified

Tank #: 1 Premium		Tank #: 2 Regular	
In-Tank Gauging Probe	Mag 1 Probe	In-Tank Gauging Probe	Mag 1 P
Annular Space or Vault Sensor:	794380-301	Annular Space or Vault Sensor:	794380-3
Piping Sump / Trench Sensor:	794380-323	Piping Sump / Trench Sensor:	794380-3
Fill Sump Sensor:	N/A	Fill Sump Sensor:	N/A
Mechanical Line Leak Detector:	STP MLD	Mechanical Line Leak Detector:	LD2000
Electronic Line Leak Detector:	N/A	Electronic Line Leak Detector:	N/A
Tank Overfill / High Level Sensor:	VR-001	Tank Overfill / High Level Sensor:	VR-001
Other:		Other:	

## 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: Tyler Hardy Certification Number: Expiration Date: Signature:

Testing Company Name: Northwest Tank & Environmental Services, Inc. Address: 21120 Hwy 9 SE Woodinville, WA 98072 Date of Testing: 05/03/2023

## D. Results of Testing/Service

D. Results	of Testing/Service
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?
No	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?
No	Did you confirm positive shut-down due to leaks and sensor failure/disconnection?
Yes	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?
90%	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

TLS 350 was tested per RP 1200 standards. Probes were removed and tested for high product, overfill, high water warning, and high water alarm. Liquid sensors were tested and confirmed operational to manufacturer specifications. High level alarm was functionally tested to RP 1200 standards by raising the product floats to 90% capacity and was confirmed operational.

State Tank ID	Product	Manual Stick Readings(inches)	Gauge Readings(inches)	Difference
1	Premium	37.5	37.48	.02
2	Regular	43	43.17	17

## 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?
Yes	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
Yes	Were all items on the equipment manufacturer's maintenance checklist completed?

Northwest Tank & Environmental Services, Inc.

Northwest Tank & Environmental Services, Inc.

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# **UST WALKTHROUGH INSPECTIONS CHECKLIST**

220 Lincoln Street, Hoquiam, WA

Site Name

Circle K 2709660

Site Address

Tag #

- 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

<ul> <li>NOTE: Petroleum found in a sump or interstice <u>must be reported to Ecology within 24 hours</u>.</li> </ul>	to Ecolog	s condi <u>3y withi</u>	1 24 ho	ours.		50	1			
	Jan Feb	Mar	Apr	May Jun	lul n	Aug	Sep	Oct	Nov	Dec
YEAR: $2023$ Date of Inspection $\rightarrow$				3						
REQUIRED MONTHLY										
<b>Spill bucket(s)</b> checked for damage and cracks <sup>*</sup> . Liquid and/or debris removed.				H						
Fill pipe(s) checked for obstructions. Removed, if found.				Þ.						
Fill cap(s) securely fitted on fill pipe(s).				R						
Tank monitor equipment checked for alarms and normal operating condition.				Þ						
Leak detection records are reviewed for non-leaking results and kept for three years. Suspected leaks were reported.				Þ						
REQUIRED ANNUALLY										
<b>Containment sump(s)</b> checked for damage and presence of liquid. Liquid and/or debris removed.				A						
If using <b>manual tank gauging</b> , checked condition of tank gauge stick is good (e.g. readable at 1/8" increments throughout).										
RECOMMENDED ACTIVITIES										
<b>Emergency spill response supplies</b> inventoried and restocked if low. Inspected supplies for deterioration.				Ĥ						
Inspected loose fitting, deterioration, obvious signs of leaks and improper function of <b>dispenser hoses, nozzles and breakaways</b> .				R						
*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.	y instead	be condu	icted pr	ior to each	delivery.	To be e	ligible fo	or this op	tion,	

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

18-09-043



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

## Initials Use this table to explain actions taken by employees and/or service provider to fix issues. Use additional sheets, as necessary. Keep this record for three years after the last inspection date on the form. **Action Taken** Date