Monday, October 30, 2023

Wine Country Store 7 E Rose St Walla Walla, WA 99362-1927

Wine Country Store 7 E Rose St Walla Walla, WA 99362-1927

RE: Job ID 121036

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.

Washington State Department of Ecology Tightness Checklist

As an added service to you, Northwest Tank has sent a copy of the Tightness Testing Checklist to the Department of Ecology. Please sign the final page of the DOE checklist marked "Tank Owner / Authorized Representative" if applicable and keep a copy on site for Five years. You DO NOT need to send an additional copy to the DOE.

Sincerely,

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	Environmental Services, Inc.								
Maintain all test reports on-site for a minimum of 5 years.									
OFFI	CIAL REPORT								
٦	Test Report For:								
<i>Client</i> Wine Country Store 7 E Rose St Walla Walla, WA 99362-1927 Job #: 121036	Site Wine Country Store 7 E Rose St Walla Walla, WA 99362-1927 UST Site ID: 5073								
Date 1	Testing Conducted								
Wednesday October 25, 2023									
Testing Summary									
Helium Locate Test	COMPLETE								
Report Analyst: Im Man Certified Superv	visor: Mike Mincy Certificate #: 8966768								

Work Acknowledgement Form

Customer Name: Wine Country Store **UST Site ID: 5073** Testing Company: Northwest Tank & Environmental Services, Inc. Site Name: Wine Country Store Primary Mike Mincy Site Address: 7 E Rose St, Walla Walla Technician: Job Number: 121036 Address: 21120 Hwy 9 SE Ticket / PO#: COD City/State/Zip: Woodinville, WA 98072 Date Of Service: 10/25/2023 PH: (800) 742-9620 End Time: 2:12 PM Number of Technicians: Start Time: 6:03 AM 2 Scope of work scheduled: Site Representative Upon Helium Locate Test Checkin: Signature: Monitoring System Issues Observed Upon Arrival: Dispenser and UST System Issues Observed Upon Arrival:

Dispatch Notes:

Helium test on Reg line/tank only

Technician Comments:

regular grade fuel line was emptied of all fuel by pushing it back into the tank using nitrogen, once the line was empty the tank and and the line where sealed, this was done buy removing the vent cap and installing a 2 inch cap, the droptube was removed and a 4 inch inflatable ball was installed in the riser, the probe was also removed and a cap was installed to introduce the heilum into the system for testing. before the heilum was introduced nitrogen was used to insure the system was tight, once the system was proved to be tight the pressure was released. 33 holes where drilled through the concrete over the tank, and over where the regular line in suspected to be going from the tank to the farthest dispenser. The heilum was then introduced, the pressure in the system was brought to 2 psi, the system was left to sit for 45 minutes to allow and observation period of the pressure guage to see if there was any change, no change could be seen in the 45 minutes. After the observation period testing was started, all drilled holes, the udc's, stp, and all monitoring well lids, and all lids on site where 60 minutes before a second round of testing was started. The pressure in the tank remained at 2 psi for the entire time on site. There where 3 drilled holes between dispensers 3/4 and 5/6 that did show some low readings of heilum. These readings are low enough that they do not show positive signs of a leak, but are showing a possible leak point as these are the only test points that showed any readings. after all testing was done the pressure was relaxed from the system and the site was returned back to normal setup, i.e vent cap, droptube, probe where reinstalled.

Parts Installed

Qty	Part #	Model	Name	Serial # Core Retained		Repair Time	
2	PER	NWT	Per Diem	null	null	0	
4	MO-T	NWT	Travel per hour	null	null	0	
240	MI-T	NWT	Mileage	null	null	0	
16	L-M	NWT	Labor Hourly Rate				
Monitoring System Issues Noted at Departure:			Dispenser and UST System Issues Noted at Departure:				

Post-Operation Checks

Technician has pumped from each product? N/A

Technician has walked the site for remaining tools and hazards? Yes

Technician Signature:

MMmy

Have all isolated mechanisms been removed? Yes Dispensers out of stand-alone? N/A

Site Representative at Checkout:

Company Name: Wine Country Store Site Name: Wine Country Store Address: 7 E Rose St Walla Walla, WA 99362-1927 UST Site ID:5073 Test Date: 10/25/2023

Job ID Number: 121036 Technician Name: Mike Mincy License Number: 8966768 Expiration Date: 08/26/2025

Area Tested: Both Isolation Method: Vent Cap Total Helium Cylinders Used: 1 Helium Detector Make: Mark Products, Inc. Helium Detector Model: 9421

Reference site map for test point locations.

Test Point	Helium Reading (%)
between dispensers 5/6- 3/4	275 ppm
between dispensers 5/6- 3/4	275 ppm
between dispensers 5/6- 3/4	175 ppm
between dispensers 5/6- 3/4	300 ppm

Comments:

Helium Pinpoint testing is not an authorized method of release detection per EPA CFR 40 part 280. The purpose of this test is to locate a possible breach of structural integrity within a closed system as a result of a failed tightness test. Failure to detect helium does not directly reflect a tight tank in accordance with EPA CFR 40 part 280.

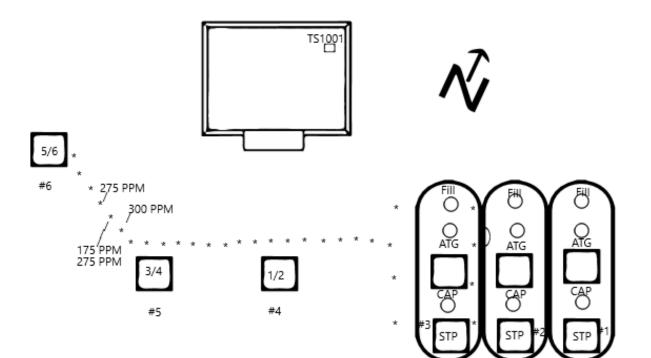
Technician Name: Mike Mincy Signature:

Date: 10/25/2023

Site Map

Customer Name: Wine Country Store Site Name: Wine Country Store

Site Address: 7 E Rose St, Walla Walla Job Number: 121036 UST Site ID:5073



Permit to work for Petroleum/Convenience Sites

Worker Signatures: I have reviewed and underst of this permit and its attachments. I will report ha or acts identified on this jobs ite to my supervisor representative.	zardous conditio		Mmz		
Person In Charge: Mike Mincy	Location: Wi	ne Country Store, 7	ZE Rose St Walla Walla,	WA	
Date: 10/25/2023	Time Issued	: 10/25/2023 02:00	pm		
Work Order#: 121036	Time Expire:	s: 10/26/2023 02:00) pm		
Nearest Hospital: (see hospital map)	Emergency	Phone#: 911			
REG		S AND/OR PROC	EDURES		
 [] Hot Work [] Excavation Checklist [] Lock-Out Tag-Out [] Pre Entry Checklist [] Confined Space [] One Call [] Hoisting/Rigging [] Management Of Change [] Work Notification [] Other 					
CONFINED SPACE PRE-	ENTRY CHECKI	-IST / RECLASSIF	ICATION - API 1646 Se	ction 11	
Surrounding areas free of hazards? N/A			d in the operation of the ai		d? N/A
Proper notifications made? N/A			or been calibrated before		
Does your knowledge indicate that the area will r atmoshperic hazards? N/A	emain free from	•	e atmoshphere in the spa bhere check as acceptab		ry? N/A
Are you trained in confined space entry? Yes		Will the atmosp	phere be continuously mo	onitored? N/A	
Sump Time Isolation Lel Oxygen Toxicity	Atmosphere	Electrical Loto	Lines Disconnected	Pumps Off	Valves Shut

I ensure this permit has been filled out completely and in conjunction with all applicable OSHA requirements to provide a safe workplace for all workers and myself. I will take action to eliminate hazardous conditions or acts identified on this job site.

Person in Charge Signature:

MMmy

Job Clearance Form

Contractor instructions prior to start of work. 1. Review form, check appropriate boxes, read and sign at the bottom of this form. 2. Inform dealer, manager or representative of the job to be performed and potential safety concerns and obtain signature.													
Station #: Station Address:					potontic	T	ork Order N		blain	UST Site I		Date:	
Wine Country Stor							21036	iumper.		5073	D.	10/25	/2022
						12	1			5075			
Contractor Company Name: Contact Person in Northwest Tank & Environmental Services, Charge:					Number of		JFA Refe	rence	Start	End	Labor:	ravel	Travel
	Environn	nental Ser	vices,		Workers:		Number	n	Time:	Time:	000	ime:	Distance:
Inc.				Mike Mincy			(if require				0	.00	0
Problem / Work Descripti	ion							eturn Call: amage Claim	:				
		PP	E REQI	UIRED (CHECK ALL THAT A	APPLY AND)/OR FI	ILL IN "OTH	HER" BLANK	SPACE)				
Safety Vest: Yes	Safety Vest: Yes Hard Hat: N/A Shoes/Boots: Yes					Hearing Protection: N/A Respirator: N/A							
Protective Clothing: Yes		Gloves: Yes	_	Safety glasses/goggles: Ye	es	Fire Resist Clothing/Welding PPE: N/A Other:							
	ntractor to c	omplete section	-	v if circumstances on site or		-							
Task Step			Ha	azards not covered by JSA		How to	reduce or e	eliminate risk	- include	extra PPE	to be worr	ו	
Site Info Work Per	mit Heliur	n											
Work dogumantation	uiromanta		hin fam.	a may be used as 104 M-1	m Dial-// /					SA Docuiu	d and -	or 0.151-	nor roguiror ant
Work documentation required may apply	uirements: <u>L</u>	<u>uwer Kisk</u> - T	nis (orm	n may be used as JSA <u>Mediu</u>	<u>ini Kisk/Hi</u>	JUEL KISI	<u>k</u> - JSA Re	quirea <u>Highei</u>	<u>riisk</u> - J	SA REQUIRE	eu and othe	er custor	ner requirements
Examples of higher/media													
Hot Work	um Risk Tas	KS:											
Excavation Checklist													
Lock-Out Tag-Out													
Pre Entry Checklist													
Confined Space													
One Call													
Hoisting/Rigging													
Management Of Change													
Work Notification													
Other													
	This form	i must be com	pleted f	or each job and updated and	l re-sianed	if circum	nstances c	hange or add	itional ha:	zards are i	dentified.		
SIGN IN				, ,	-								
Operating sites: to be	Contractor				Ger	ieral saf	iety	Contractor					
	Representativ	ve Name	Signatu	ire				Representat	tive Name	Signa	ature		
representative. Non-					,					-	• ^	ΛΛ	,
Operating sites: to be	Aike Mind	су	1	N VV Linn	X	the wor		Mike Min	су		$\sqrt{\sqrt{}}$	VV `	m
signed by contractor			V			n left tidy	y and				V (
representative only.	Site Represe	ntative Name	Signatu	ire	safe			Site Repres	entative N	Vame Signa	ature		
Contractor	Contractor ha	as discussed	Job Cle	arance Form with me.		ie site op re of sta	-	Site Repres	entative C	Comments			
responsibility to inform	nsibility to inform					re orsta k includi		· · ·		-			
site of:						aining is							
Hazards of the job,						changes							
Effects on the site or						pment	0.10						
operation,					-	umentec	d and						
Any affect to gasoline						communicated?							
deliveries,						ncidents							
Energy isolation						ses, uns							
needed,							eported?						
Areas to be													
barricaded for													
worker/public safety.													

Please refer to work acknowledgement form for a complete list of parts installed.

Permit to Work

Date:	10/25/2023		Scope of Work:						
Job ID:	121036		Helium Locate Test						
UST Site ID:	5073		Hazard Analysis:						
Company:	Wine Country Store		Hot Work						
Site:	Wine Country Store		Excavation Checklist						
Technician:	Mike Mincy		Lock-Out Tag-Out						
	-		Pre Entry Checklist						
	Site Evaluation								
E-Stop switch located		Yes	One Call						
Storm drain(s) located		Yes	Hoisting/Rigging Management Of Change						
Hand/Eyewash facility Ic	ocated	Yes	Work Notification						
Identify other contractors	3	N/A	Other						
Identify traffic ingress/eg	iress	Yes	1						
Identify evacuation route	S	Yes	1						
Assembly Area:		sidewalk							
Persor	nal Protective Equipment		Pre-Operation Checks						
First Aid Kit stocked		Yes	Ladder Inspection **	N/A					
Note Depleted Stock:			Extension Cord Inspection	N/A					
Nitrile Gloves		Yes	Oxygen / Vapor Sensor Calibrated	N/A					
Safety Vest		Yes	Tools / Equipment in Good Repair	Yes					
Safety Glasses		Yes	Equipment Grounding	N/A					
Hard Hat N//			Hazard Communication	Yes					
Hearing Protection N/A			** Work cannot be performed on ladder above 6'.						
Knee Pads		Yes							
Back Brace N/A			Pre-Entry Checklist for Confined Spa	ce					
Harness / Lanyard		N/A	Is the sump greater than 5' deep? N/A						
			Is there hazardous liquid/vapor present?	N/A					
	Safety Equipment		Is there a lack of oxygen within the space?	N/A					
Lockout / Tagout		N/A	IF ANY OF THESE ARE ANSWERED YES A PERM	IT MUST BE					
Oxygen / Vapor Sensor		N/A							
Ventilator		N/A							
Retrieval Equipment		N/A	Job Completion Checklist						
Delineators / Perimeter I	Fencing	Yes	Have all isolation mechanisms been removed	Yes					
Ground Fault Circuit Inte	erruptor	N/A	Have you pumped from each product?	N/A					
20# Fire Extinguisher		Yes	Are all dispensers out of "stand-alone"	N/A					
Static Grounds		N/A	Have you walked the site for tools or hazards?	N/A					
Explosion-Proof Pump		N/A							
Absorbant Rags		N/A							
Communication Equipm	ent (cell phone)	Yes	1						
Scissor Lift**		N/A							
** For work above 6', an elevated work permit is required.									
	Safety manual for standard c								
	ent standards. Please contac								
safety manual.	clarify procedures not cover								
outry mandal			_						