



## LEAK TESTING CHECKLIST FOR UNDERGROUND STORAGE TANKS (USTs)

UST ID #: 3997

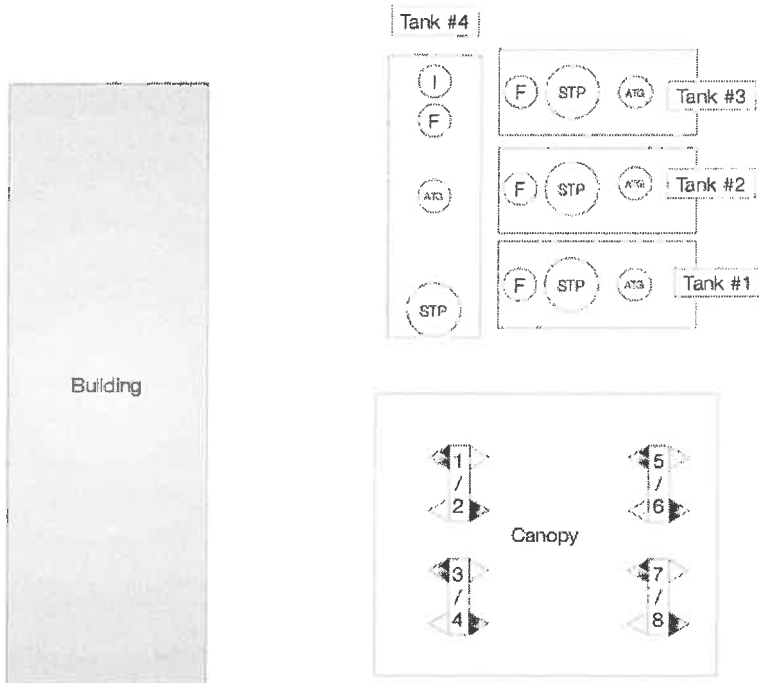
County: Lewis

*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> 03/18/2024		
I. UST FACILITY		II. CERTIFIED SERVICE PROVIDER		
Facility Compliance Tag #: A <u>0005</u>		Service Provider Name: Dylan Petersen		
UST ID #: 3997		Company Name: SME Solutions, LLC		
Site Name: UNOCAL 76 1380		Address: 10107 S. Tacoma Way-Suite #A2		
Site Address: 108 State Road 603		City: Lakewood State: WA Zip: 98499		
City: Chehalis		Phone: 253-572-3822 Email: Dylanp@sme-solutions.com		
County: Lewis		ICC Certification Type: U1		
Site Phone:		ICC Cert. #: 10330447 Exp. Date: 10/13/2025		
III. UST OWNER/OPERATOR				
Name:		Phone:		
		Email:		
IV. UST SYSTEM INFORMATION				
Observations on test day.				
1. Tank ID #, as registered with Ecology or identified on ATG	12	680	181	182
2. Tank Status. OP (Operational); TC (Temporary Closure)	OP	OP	OP	OP
3. Product stored, including % of alternative fuels	Diesel	Regular	Premium	Plus
4. Tank or compartment capacity (gallons)	8000	12000	8000	10000
5. Product pumping/flow method. Note as: P (Pressurized); NS (Non-safe Suction); SS (Safe Suction); Si (Siphon); GR (Gravity Fed)	P	P	P	P
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	CLAD/DW	NV	NV	NV
7. Pipe material and construction observed	FRP/SW	FRP/SW	FRP/SW	FRP/SW
V. REASON FOR SERVICES PERFORMED				
(Check all that apply)				
<input checked="" type="checkbox"/> Annual testing <input 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):		

<b>VI. SERVICES PERFORMED</b>					
<i>Required: Include verification for each test performed.</i>					
		# PASS	# FAIL	# REPAIRED & PASSING	
<b>SERVICES:</b>					<b>DESCRIPTIONS REQUIRED: (SEE INSTRUCTIONS P. 4-7)</b>
ALLD Test ( <b>attach data</b> ) Test method used: VMI LDT-890 Test method cert. exp. date: 5/25/24		4	—	—	Tested from dispenser #7/8. As per PEI RP 1200
Line Tightness Test ( <b>attach data</b> ) Test method used: Leighton O'Brien PM2 Test method cert. exp. date: 4/21/24		4	—	—	Tested from dispenser #7/8. As per PEI RP1200
Electronic Monitoring System Tests Controller manufacturer/model <u>Veeder-Root TLS-350</u> Controller cert. exp. date <u>4/19/25</u>					Per WAC #173.360A.0480
Monitor/controller		1	—	—	
Probe		4	—	—	
Sump Sensor Functionality		0	—	—	
Tank Annular Sensor Functionality		0	—	—	
Overfill Equipment Test	<input type="checkbox"/> Auto shutoff	—	—	—	As per PEI RP 1200.
	<input type="checkbox"/> Ball float valve	—	—	—	
	<input checked="" type="checkbox"/> Overfill alarm	1	—	—	
Fill/Spill Bucket Test ( <b>attach data</b> )		4	—	—	As per PEI 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> ) 3 <sup>rd</sup> -party certified test: Test method used: _____ Test method cert. exp. date: _____		—	—	—	
Other		—	—	—	
<b>VII. EXPLANATIONS/PROBLEMS ENCOUNTERED:</b>					
<i>Provide additional test information. Explain irregularities. Describe problems encountered and how addressed.</i>					

**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, <u>and</u> in accordance with state regulations.	✓		
2. Owner/operator provided with copy of the checklist and testing results.	✓		
3. Any faulty equipment or necessary repairs explained to owner/operator or site contact.			✓

**X. REQUIRED SIGNATURES**

03/18/2024		Dylan Petersen
Date	Signature of Certified Service Provider	Print or Type Name
03/18/2024		Steve Mathews
Date	Signature of Tank Owner or Authorized Representative	Print or Type Name

# Monitoring System Equipment 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.

## A. General Information

Facility Name: UNOCAL 76 1380 Bldg. No.: \_\_\_\_\_  
 Site Address: 108 Hwy 603 City: Chehalis Zip: 98532  
 Facility Contact Person: Steve Matthews Contact Phone Number: \_\_\_\_\_  
 Make/Model of Monitoring System: Veeder Root TLS-350 Date of Testing/Servicing: 3/18/2024

## B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

<p><b>Tank ID:</b> <u>T1-Premium</u></p> <p><input checked="" type="checkbox"/> In - Tank Gauging Probe Model: <u>Mag 1</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor Model: _____</p> <p><input type="checkbox"/> Piping Sump/Trench Sensor Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s) Model: _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: <u>VMI LD-2000</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector Model: _____</p> <p><input checked="" type="checkbox"/> Tank Overfill/High Level Sensor Model: <u>Overfill Alarm</u></p> <p><input type="checkbox"/> Other (Specify equipment type and model in Section G on Page 3)</p>	<p><b>Tank ID:</b> <u>T2-Plus</u></p> <p><input checked="" type="checkbox"/> In - Tank Gauging Probe Model: <u>Mag 1</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor Model: _____</p> <p><input type="checkbox"/> Piping Sump/Trench Sensor Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s) Model: _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: <u>Red Jacket FX1V</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector Model: _____</p> <p><input checked="" type="checkbox"/> Tank Overfill/High Level Sensor Model: <u>Overfill Alarm</u></p> <p><input type="checkbox"/> Other (Specify equipment type and model in Section G on Page 3)</p>
<p><b>Tank ID:</b> <u>T3-Regular</u></p> <p><input checked="" type="checkbox"/> In - Tank Gauging Probe Model: <u>Mag 1</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor Model: _____</p> <p><input type="checkbox"/> Piping Sump/Trench Sensor Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s) Model: _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: <u>VMI LD-2000</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector Model: _____</p> <p><input checked="" type="checkbox"/> Tank Overfill/High Level Sensor Model: <u>Overfill Alarm</u></p> <p><input type="checkbox"/> Other (Specify equipment type and model in Section G on Page 3)</p>	<p><b>Tank ID:</b> <u>T4-Diesel</u></p> <p><input checked="" type="checkbox"/> In - Tank Gauging Probe Model: <u>Mag 1</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor Model: _____</p> <p><input type="checkbox"/> Piping Sump/Trench Sensor Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s) Model: _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: <u>VMI LD-2000</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector Model: _____</p> <p><input checked="" type="checkbox"/> Tank Overfill/High Level Sensor Model: <u>Overfill Alarm</u></p> <p><input type="checkbox"/> Other (Specify equipment type and model in Section G on Page 3)</p>
<p><b>Tank ID:</b> _____</p> <p><input type="checkbox"/> In - Tank Gauging Probe Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor Model: _____</p> <p><input type="checkbox"/> Piping Sump/Trench Sensor Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s) Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector Model: _____</p> <p><input type="checkbox"/> Tank Overfill/High Level Sensor Model: _____</p> <p><input type="checkbox"/> Other (Specify equipment type and model in Section G on Page 3)</p>	<p><b>Tank ID:</b> _____</p> <p><input type="checkbox"/> In - Tank Gauging Probe Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor Model: _____</p> <p><input type="checkbox"/> Piping Sump/Trench Sensor Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s) Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector Model: _____</p> <p><input type="checkbox"/> Tank Overfill/High Level Sensor Model: _____</p> <p><input type="checkbox"/> Other (Specify equipment type and model in Section G on Page 3)</p>

Site Address: 108 Hwy 603

Date of Testing/Serviceing: 3/18/2024

<b>Dispenser ID:</b> <u>All</u> <input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____ <input checked="" type="checkbox"/> Shear Valve(s) <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	<b>Dispenser ID:</b> _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____ <input type="checkbox"/> Shear Valve(s) <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)
<b>Dispenser ID:</b> _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____ <input type="checkbox"/> Shear Valve(s) <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	<b>Dispenser ID:</b> _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____ <input type="checkbox"/> Shear Valve(s) <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)
<b>Dispenser ID:</b> _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____ <input type="checkbox"/> Shear Valve(s) <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	<b>Dispenser ID:</b> _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____ <input type="checkbox"/> Shear Valve(s) <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)
<b>Dispenser ID:</b> _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____ <input type="checkbox"/> Shear Valve(s) <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	<b>Dispenser ID:</b> _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____ <input type="checkbox"/> Shear Valve(s) <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)

**C. Results of Testing/Serviceing**

Software Version Installed: 18.01

**Complete the following checklist:**

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all the sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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? If yes: which sensors initiate positive shutdown? (Check all that apply) <input type="checkbox"/> Sump/Trench Sensors <input type="checkbox"/> Dispenser Containment Sensors Did you confirm positive shutdown due to leaks and sensor failure/disconnection? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill protection valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent does the alarm trigger? <u>90</u> %
	<input type="checkbox"/> N/A	
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> 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 G, below.
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) <input type="checkbox"/> Product <input type="checkbox"/> Water If yes, describe causes in Section G, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? (Attach set-up reports, if applicable)
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

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

Site Address: 108 Hwy 603

Date of Testing/Serviceing: 3/18/2024

D. In - Tank Gauging/ SIR Equipment

- Check this box if tank gauging is used only for inventory control.
Check this box if no tank gauging or SIR equipment is installed.

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

Table with 3 columns: Yes/No checkboxes, No\* checkboxes, and inspection questions regarding input wiring, tank gauging probes, accuracy of product/water level readings, probe reinstallation, and maintenance checklist completion.

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

E. Line Leak Detectors (LLD):

Complete the following checklist:

- Check this box if LLD's are not installed

Table with 3 columns: Yes/No checkboxes, No\* checkboxes, N/A checkboxes, and LLD performance and operational questions including simulated leak rates and turbine shut-off mechanisms.

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

F. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturer's guidelines. Attached to this Certification is information (e.g. manufacturers' checklist) necessary to verify that this information is correct. For any equipment capable of generating such reports, I have also attached a copy of the; (Check all that apply)

G. Comments

- System set-up
Alarm History Report

Large empty rectangular box for providing comments.

Technician Name: Dylan Petersen

Signature :

[Handwritten Signature]

Mfg. Cert.#: C34195

ICC# 10330447

License No.:

Testing Company Name: SME Solutions, LLC.

Phone No.: (253) 572-3822

Testing Company Address: 10107 South Tacoma Way #A2-Lakewood, WA.

Date of Testing/Serviceing: 3/18/2024

# UPSS Precision Test Report



**LEIGHTON O'BRIEN**

E-mail: [jeffstevenson@leightonobrien.com](mailto:jeffstevenson@leightonobrien.com)

Website: [www.leightonobrien.com](http://www.leightonobrien.com)



**SME SOLUTIONS, LLC**

Service Distributor: SME Solutions, LLC

[www.smecorp.com](http://www.smecorp.com)

Tel. 253-572-3822

---

**Date** 03/19/2024

---

**Report #** US192898

---

**Site** UNOCAL 76 1380  
108 St Hwy 603  
Chehalis  
WA 98532  
USA

---

**Test.Date(s)** 03/18/2024

---

**Reason for Test** Annual Compliance

---

## EXECUTIVE SUMMARY

All lines passed the test.

---

## RECOMMENDATIONS

There are no recommendations.

**AIM**

To investigate the integrity of the UPSSs due to Annual Compliance

**METHODOLOGY**

An individual test was / were performed on the product line(s). Line was/were tested to a 0.05 gph leak rate using Leighton O' Brien PM2 test equipment & procedures.

**SUMMARY OF LINES RESULTS AS TESTED**

Product Lines	Test Date	Result
<b>Pressure Tests</b>		
Premium Tank 1 to Dispenser (7,8)	03/18/2024	PASS TBA
Plus Tank 2 to Dispenser (7,8)	03/18/2024	PASS TBA
Regular Tank 3 to Dispenser (7,8)	03/18/2024	PASS TBA
Diesel Tank 4 to Dispenser (7,8)	03/18/2024	PASS TBA

**COMMENTS/DISCUSSIONS**

All lines passed the test.

**RECOMMENDATIONS**

There are no recommendations.

**FUEL SYSTEM DETAILS**

Fuel Operation System	Pressure
Tank	Double Wall (Steel/Fiberglass)
Line	Fibreglass

## ADDENDUM

---

Date of Test 03/18/2024

---

Licensed Tester Dylan Petersen

---

Report Prepared by Jeff Stevenson

Leighton O' Brien  
Field Services PTY LTD

Phone: +61 3 9804 2200

Fax: +61 3 9804 2299

USA: +1 888 275 3781

Email: [info@leightonobrien.com](mailto:info@leightonobrien.com)

[www.leightonobrien.com](http://www.leightonobrien.com)

### Glossary of Terms

**UPSSs:** Underground Petroleum Storage Systems.

**USEPA:** United States of America Environmental Protection Agency.

The underground pipe and tank configurations contained in this report are deduced from information gathered at the site by Leighton O' Brien Field Services and by information given to Leighton O' Brien Field Services by the client.

Test technology used: Leighton O' Brien wet test (mass based), Leighton O' Brien ullage test (pressure or vacuum), Quantitative Wet Line Test PM2 and Qualitative Dry Line Test PM2

Leighton O' Brien Field Services are provided on the terms and conditions set out in the conditions of sale document. The Leighton O' Brien service is warranted to the invoiced value of services performed in accordance with section 64A of the Australian Consumer Law (Schedule 2 of the Competition and Consumer Act 2010).

LINE TESTS DETAILS

Line Tests	Date	Start	End	Cert #	Result	Condition	gal/hr	Psi
<b>Round 1</b>								
<b>Pressure Tests</b>								
Diesel Tank 4 to Dispenser (7,8)*	03/18/24	10:28	11:30	478934	PASS	Wet	-0.005	51.44
Plus Tank 2 to Dispenser (7,8)*	03/18/24	10:28	11:30	478934	PASS	Wet	-0.005	51.44
Premium Tank 1 to Dispenser (7,8)*	03/18/24	10:28	11:30	478934	PASS	Wet	-0.005	51.44
Regular Tank 3 to Dispenser (7,8)*	03/18/24	10:28	11:30	478934	PASS	Wet	-0.005	51.44

Lines tested to a 0.05 gph leak rate using Leighton O' Brien PM2 test equipment & procedures

\*Lines were manifolded during testing



SME SOLUTIONS, LLC

10707 S. Tacoma Way  
Suite A-2  
Lakewood, WA. 98499  
(253) 672-3822

2800 N.W. 31st. Ave  
Portland, OR. 97210  
(503) 946-0000

Mechanical Leak Detector Test Data Sheet

Site Name UNOCAL 76 1380 Date 3/18/2024  
Address 108 Hwy. #603  
Chehalis, WA. 98532

Test Information

Table with 6 columns (Product, Manufacturer, Model, Full Operating Pressure (PSI), Line Bleed Back (ml), Trip Time (sec), Metering Pressure (PSI), F/E Holding Pressure (PSI), Test Leak Rate (ml/min)(gph), PASS or FAIL) and 5 rows of test data.

Comments

This letter certifies that the annual leak detector tests were performed at the above referenced facility according to the equipment manufacturers procedures and limitations and the results as listed are to my knowledge true and correct. The mechanical leak detector test pass/fail is determined using a low flow threshold trip rate of 3 gph at 10 PSI.

Inspected By: Contractor SME Solutions, LLC  
Technician Dylan Petersen Lic# 10330447  
Signature [Handwritten Signature]

## Spill Bucket Testing Report Form

*This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.*

### 1. FACILITY INFORMATION

Facility Name: UNOCAL 76 1380	Date of Testing: 2024-03-18
Facility Address: 108 ST. HWY. 603. Chehalis Wa 98532	
Facility Contact:	Phone:
Date Local Agency Was Notified of Testing : 2021-03-18	
Name of Local Agency Inspector (if present during testing):	

### 2. TESTING CONTRACTOR INFORMATION

Company Name: SME Solutions, LLC
Technician Conducting Test: Dylan Petersen
Credentials <sup>1</sup> : <input type="checkbox"/> CSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____
License Number(s): 10330447

### 3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	<input checked="" type="checkbox"/> Hydrostatic	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Other	
Test Equipment Used:	Equipment Resolution:			
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	<b>1</b> Unleaded Fill	<b>2</b> Plus Fill	<b>3</b> Premium. Fill	<b>4</b> Diesel Fill
Bucket Installation Type:	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	12	12	12	12
Bucket Depth:	10	10	10	10
Wait time between applying vacuum/water and start of test:	15 min	15 min	15 min	15 min
Test Start Time (T <sub>I</sub> ):	900	900	900	900
Initial Reading (R <sub>I</sub> ):	11	11	11	11
Test End Time (T <sub>F</sub> ):	1000	1000	1000	1000
Final Reading (R <sub>F</sub> ):	11	11	11	11
Test Duration (T <sub>F</sub> - T <sub>I</sub> ):	1	1	1	1
Change in Reading (R <sub>F</sub> - R <sub>I</sub> ):	0	0	0	0
Pass/Fail Threshold or Criteria:	0	0	0	0
<b>Test Result:</b>	<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	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

**Comments** – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

#### CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

*I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.*

Technician's Signature: 

Date: 2024-03-18

<sup>1</sup> State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

**UNDERGROUND STORAGE TANK  
OVERFILL PREVENTION EQUIPMENT INSPECTION REPORT FORM (Page 1 of 1)**

Type of Action       Installation Inspection       Repair Inspection       36 Month Inspection

**I. FACILITY INFORMATION**

Date of Overfill Prevention Equipment Inspection  
3/18/24

Business Name (Same as Facility Name or DBA-Doing Business As)  
UNOCAL 76 1380

Business Site Address  
108 St Hwy 603

City  
Chehalis

ZIP Code  
98532

**II. UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION**

Name of UST Service Technician Performing the Inspection (Print as shown on the ICC Certification.)  
Dylan Petersen

Phone #  
(253) 572-3822

Contractor / Tank Tester License #  
SME Solutions

ICC Certification #  
10330447 U-1

ICC Certification Expiration Date  
10/13/25

Overfill Prevention Equipment Inspection Training and Certifications (List applicable certifications.)

**III. OVERFILL PREVENTION EQUIPMENT INSPECTION INFORMATION**

Inspection Method Used:

Manufacturer Guidelines (Specify):

Industry Code or Engineering Standard (Specify):

Engineered Method (Specify):

**Attach the inspection procedures and all documentation required to determine the results.**

# of Attached Pages

TANK ID: (By tank number, stored product, etc.)	1, Unleaded	2, Plus	3, Premium	4, Diesel
What is the tank inside diameter? (Inches)	96	96	96	96
Is the fill piping secondarily contained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the vent piping secondarily contained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Overfill Prevention Equipment Manufacturer(s)	VR TLS350	VR TLS350	VR TLS350	VR TLS350
What is the overfill prevention equipment response when activated? (Check all that apply.)	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input checked="" type="checkbox"/> A/V Alarm	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input checked="" type="checkbox"/> A/V Alarm	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input checked="" type="checkbox"/> A/V Alarm	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input checked="" type="checkbox"/> A/V Alarm
Are flow restrictors installed on vent piping?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
At what level in the tank is the overfill prevention set to activate? (Inches from bottom of tank.)	91	91	91	91
What is the percent capacity of the tank at which the overfill prevention equipment activates?	90	90	90	90
Is the overfill prevention in proper operating condition to respond when the substance reaches the appropriate level?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Specify in V.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Specify in V.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Specify in V.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Specify in V.)

**IV. SUMMARY OF INSPECTION RESULTS**

Overfill Prevention Inspection Results       Pass    Fail       Pass    Fail       Pass    Fail       Pass    Fail

**V. COMMENTS**

Any items marked "Fail" must be explained in this section. Any additional comments may also be provided here.

**VI. CERTIFICATION BY UST SERVICE TECHNICIAN CONDUCTING THIS INSPECTION**

I hereby certify that the overfill prevention equipment was inspected and all the information contained herein is accurate.

UST Service Technician Signature



If the facility has more components than this form accommodates, additional copies of this page may be attached.

ID = Identification, UST = Underground Storage Tank, ICC = International Code Council, A/V = Audible and Visual