DEPARTMENT OF ECOLOGY
State of Washington

WA Leak Testing Checklist

FOR Underground Storage Tanks

UST ID #: 97436

County : Whatcom

This checklist certifies testing activities were conducted in accordance with Chapter 173-360 WAC. Instructions are found on pages 4 and 5.

DATE TEST CONDUCTED: 09/25/2018

I. UST FACILITY	II. CERTIFIED SERVICE PROVIDER
Facility Compliance Tag #:A3508	Service Provider Name: Scott Pike
UST ID #: 97436	Company Name: Northwest Tank & Environmental Services, Inc.
Site Name: Parkway Shell	Address: 17407 59th Ave SE
Site Address: 3124 Old Fairhaven Parkway	City: Snohomish State: WA Zipcode: 98296
City: Bellingham	Phone: (800) 742-9620 Email: info@nwtank.com
Site Phone: 360-734-9360	ICC Certification Type: Tightness Testing ICBO- U3
	ICC Cert. #: 5053249-U3 Exp. Date: 07/13/2019
III. UST OWNER/OPERATOR	
Name: Parkway Shell	Phone: 360-734-9360 Email: gablehouse@comcast.net
Mailing Address: 3124 Old Fairhaven Parkway	City: Bellingham State: WA Zipcode: 98225

IV. UST SYSTEM INFORMATION based on observations, not Ecology database

-- use bolded acronyms, where applicable --

	Tank ID:	Tank ID:	Tank ID:	Tank ID:
1. Tank ID # (tank name registered with Ecology)	1	2	3	
2. Date installed (if known)	Unknown	Unknown	Unknown	
3. Tank capacity (gallons)	5000	10000	10000	
4. Tank material (select **NV** if not visually verified): Steel **(ST)**; Steel Clad w/ Corrosion Resist **(CLAD)**; Fiberglass Reinforced Plastic **(FRP)**; **STIp3**; Not Visible **(NV)**	STI-P3	STI-P3	STI-P3	
5. Tank construction (select **NV** if not visually verified): Single Wall **(SW)**; Double Wall **(DW)**; Compartment **(COMP)**; Not Visible **(NV)**	SW	SW	SW	
6.Piping material (select **NV** if not visually verified): Steel **(ST)**; Fiberglass reinforced Plastic **(FRP)**; Flexible Plastic **(FLEX);** Not Visible **(NV);**Other(specify)	SWF	SWF	SWF	
7. Piping construction (select **NV** if not visually verified): Single Wall **(SW)**; Double Wall **(DW)**; Not Visible **(NV)**	SW	SW	SW	
8. Pumping system: Pressurized **(PR)**; Safe Suction **(SS)**; Non-Safe Suction **(NSS)**; Siphon **(S)**	Pressure	Pressure	Pressure	

ECY 070-69 (Rev. Jan. 2016)

V. SERVICES PERFORMED (CHECK ALL THAT APPLY)

Supporting test data and/or documentation must be attached or this checklist is considered incomplete.

		PASS	FAIL	# tested	Describe: dispenser # used for testing lines and ALLD and other information required to duplicate test results.
Lines	☑ ALLD Test	☑	☐	3	Tested from 3/4
	Method Used: LDT 890 Mfr. Cert. exp. date: 03-07-2020				
	Manufacturer and model numbers must be provided for each ALLD on the supporting documentation.				
	☑ Line Tightness Test	☑	☐	3	Tested from 3/4
	Method Used: Acurite Mfr. Cert. exp. date: 03-07-2020				
	☐ Line Interstitial (or Sump Sensor) Test	☐	☐	—	
Tanks	☐ Tank Tightness Test (i.e. 3rd-party certified test up to overfill prevention level)	☐	☐	—	
	Method Used: Mfr. Cert. exp. date:				
	☐ Tank Interstitial (or Tank Sensor) Test	☐	☐	—	
UST Equipment	☐ Monitor Equipment Check	☐	☐		
	☐ Overfill Equipment Check (check all that apply) — ☐ Auto shutoff device	☐	☐		
	☐ Ball float valve	☐	☐		
	☐ Overfill Alarm	☐	☐		
	☐ Spill Bucket Test	☐	☐		
	☐ Tank Sump Test	☐	☐		
	☐ Other (describe briefly)	☐	☐		

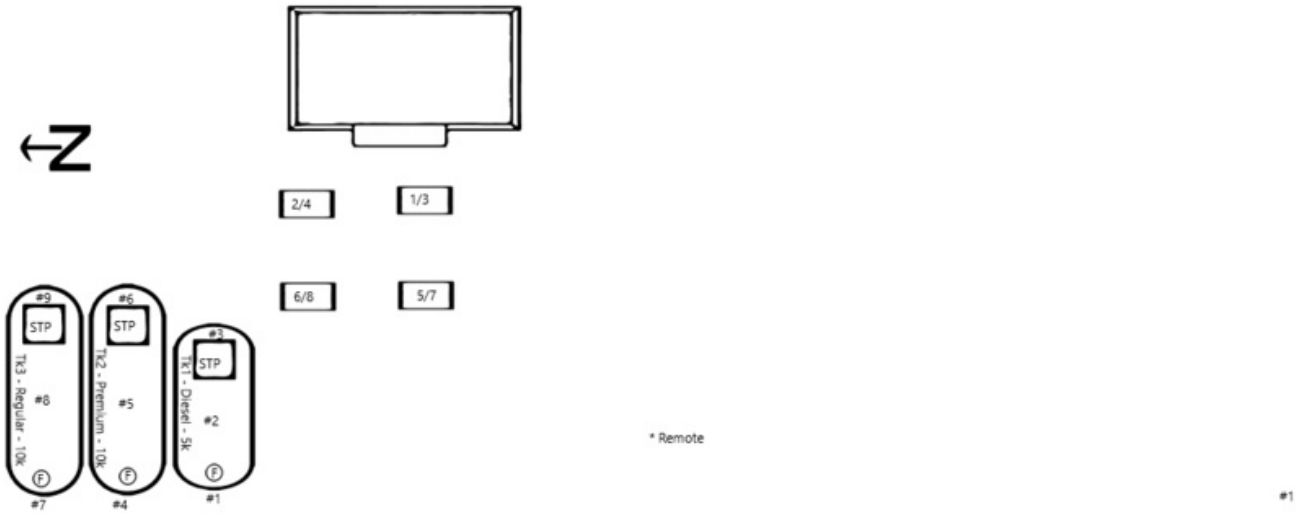
VI. COMMENTS *,include descriptions to problems encountered and how they were addressed.*

WA Leak Testing Checklist:
Comments - Site map is to spec

VII. CHECKLIST

The following items shall be initialed by the Certified Service Provider.	YES	NO	N/A
1. Have all checked items been tested per recommended practices, code and/or manufacturer's requirements and in accordance with federal and/or state regulations?	☑	☐	☐
2. Has the owner/operator been provided with written documentation of the testing results?	☑	☐	☐
3. Has the owner/operator been made aware of any faulty equipment or necessary repairs?*	☐	☐	☑
Date work was completed:	09/25/2018		

VIII.SITE DIAGRAM -- include description and/or locations of equipment tested --



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

IX. REQUIRED **S**IGNATURES

09/25/2018		Scott Pike - Tech
Date	Signature of Certified Service Provider	Print or Type Name
09/25/2018		Brad - Owner / Dealer
Date	Signature of Tank Owner or Authorized Representative	Print or Type Name

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Automatic Line Leak Detector Test Results

Company Name: Parkway Shell
Site Name: Parkway Shell
Address: 3124 Old Fairhaven Parkway Bellingham, WA 98225
UST Site ID: 97436
Test Date/Time: 09/25/2018 08:46:26 am

Job ID Number: 79045
Technician Name: Scott Pike
License Number: 5053249-U3
Expiration Date: 07/13/2019

Product: Diesel Tank ID: 1 LD Type: Mechanical	Make: VMI Model: LD2000 Serial#: Null	Operating Pressure: 25 Holding Pressure: 25 Bleedback (ml): 350	**Result:** Pass
Additional Data For Mechanical Leak Detectors Only Metering Pressure: 17 Step Through Time: 2			
Product: Diesel Tank ID: 1 LD Type: Mechanical	Make: VMI Model: LD2000 Serial#: Null	Operating Pressure: 22 Holding Pressure: 22 Bleedback (ml): 150	**Result:** Pass
Additional Data For Mechanical Leak Detectors Only Metering Pressure: 14 Step Through Time: 2			
Product: Regular Tank ID: 3 LD Type: Mechanical	Make: VMI Model: LD2000 Serial#: Null	Operating Pressure: 26 Holding Pressure: 26 Bleedback (ml): 150	**Result:** Pass
Additional Data For Mechanical Leak Detectors Only Metering Pressure: 10 Step Through Time: 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:

Technician Name: Scott Pike
Signature:

Date: 09/25/2018

Line Tightness Test Results

Company Name:	Parkway Shell	Job ID Number:	79045
Site Name:	Parkway Shell	Technician Name:	Scott Pike
Address:	3124 Old Fairhaven Parkway Bellingham, WA 98225	License Number:	5053249-U3
UST Site ID:	97436	Expiration Date:	07/13/2019
Test Date:	09/25/2018		

Line Tightness Test Data

Product:	Diesel	Tank ID:	1	Start Time:	10:25
Approx Length:	100	STP MFG:	Red Jacket 3/4 HP	End Time:	10:55
Size:	2	Operating Pressure:	25	Total Test Time:	30mins
Line Material:	SWF	Test Pressure:	37.5	Final Leak Rate:	.00000
Wall Type:	SW	Isolation Dispenser:	Impact Valve	Impact Valves Operational:	Yes
Boot Back:	N/A	Isolation Pump:	Check Valve	Check Valve Location:	N/A
Line Type:	Pressure	Initial Cylinder Level:	0.080	**Result:**	Pass
		Final Cylinder Level:	0.080		

Product:	Premium	Tank ID:	2	Start Time:	10:25
Approx Length:	100	STP MFG:	Red Jacket 3/4 HP	End Time:	10:55
Size:	2	Operating Pressure:	22	Total Test Time:	30mins
Line Material:	SWF	Test Pressure:	33	Final Leak Rate:	.00000
Wall Type:	SW	Isolation Dispenser:	Impact Valve	Impact Valves Operational:	Yes
Boot Back:	N/A	Isolation Pump:	Check Valve	Check Valve Location:	N/A
Line Type:	Pressure	Initial Cylinder Level:	0.080	**Result:**	Pass
		Final Cylinder Level:	0.080		

Product:	Regular	Tank ID:	3	Start Time:	10:25
Approx Length:	100	STP MFG:	Red Jacket 3/4 HP	End Time:	10:55
Size:	2	Operating Pressure:	26	Total Test Time:	30mins
Line Material:	SWF	Test Pressure:	39	Final Leak Rate:	.00000
Wall Type:	SW	Isolation Dispenser:	Impact Valve	Impact Valves Operational:	Yes
Boot Back:	N/A	Isolation Pump:	Check Valve	Check Valve Location:	N/A
Line Type:	Pressure	Initial Cylinder Level:	0.080	**Result:**	Pass
		Final Cylinder Level:	0.080		

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:

Technician Name: Scott Pike
Signature:

Date: 09/25/2018