



LEAK TESTING CHECKLIST FOR UNDERGROUND STORAGE TANKS

UST ID #: 10841
County: Walla Walla

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: 11/27/18

I. UST FACILITY		II. CERTIFIED SERVICE PROVIDER			
Facility Compliance Tag #:	A4239	Service Provider Name:	Mark Huston		
UST ID #:	10841	Company Name:	Mascott equipment Company		
Site Name:	Boise Trucking	Address:	200 S. 20th Avenue		
Site Address:	31572 HWY 12	City:	Pasco	State:	WA Zip: 99301
City:	Walla Walla	Phone: (509) 543-2018	Email: mhuston@mascottec.com		
Site Phone:	(509) 542-4327	ICC Certification Type:	U3		
		ICC Cert. #:	5104834	Exp. Date:	7/20/20
III. UST OWNER/OPERATOR					
Name:	BCT, INC.	Phone:		Email:	
Mailing Address:	PO Box 74	City:	Boise	State:	ID Zip:
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)		2			
2. Date installed (if known)		1998			
3. Tank capacity (gallons)		20,000			
4. Tank material (select NV if not <u>visually</u> verified): Steel (ST); Steel Clad w/ Corrosion Resist (CLAD); Fiberglass Reinforced Plastic (FRP); STIp3; Not Visible (NV)		FRP	N/A	N/A	N/A
5. Tank construction (select NV if not <u>visually</u> verified): Single Wall (SW); Double Wall (DW); Compartment (COMP); Not Visible (NV)		DW	N/A	N/A	N/A
6. Piping material (select NV if not <u>visually</u> verified): Steel (ST); Fiberglass reinforced Plastic (FRP); Flexible Plastic (FLEX); Not Visible (NV); Other (specify): _____		FLEX	NV	N/A	N/A
7. Piping construction (select NV if not <u>visually</u> verified): Single Wall (SW); Double Wall (DW); Not Visible (NV)		DW	N/A	N/A	N/A
8. Pumping system: Pressurized (PR); Safe Suction (SS); Non-Safe Suction (NSS); Siphon (S)		PR	N/A	N/A	N/A

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	<input checked="" type="checkbox"/> ALLD Test <input checked="" type="checkbox"/> <input type="checkbox"/> <u>1</u> Method Used: <u>Petro-Tite</u> Mfr. Cert. exp. date: <u>12/18</u> <i>Manufacturer and model numbers must be provided for each ALLD on the supporting documentation.</i>				Tested from #2 satellite
	<input type="checkbox"/> Line Tightness Test <input type="checkbox"/> <input type="checkbox"/> <u>—</u> Method used: <u>Petro-Tite</u> Mfr. Cert. exp. date: <u>12/18</u>				
	<input checked="" type="checkbox"/> Line Interstitial (or Sump Sensor) Test <input checked="" type="checkbox"/> <input type="checkbox"/> <u>4</u>				STP and dispenser sumps
Tanks	<input type="checkbox"/> Tank Tightness Test (i.e. 3 rd -party certified test up to overfill prevention level) Method used: _____ Mfr. Cert. exp. date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<u>—</u>	
	<input type="checkbox"/> Tank Interstitial (or Tank Sensor) Test	<input type="checkbox"/>	<input type="checkbox"/>	<u>—</u>	
UST Equipment	<input checked="" type="checkbox"/> Monitor Equipment Check <input checked="" type="checkbox"/> <input type="checkbox"/> <u>1</u> Veeder Root TLS-350				
	<input type="checkbox"/> Overfill Equipment Check (check all that apply) <input type="checkbox"/> Auto shutoff device <input type="checkbox"/> <input type="checkbox"/> <u>—</u> <input type="checkbox"/> Ball float valve <input type="checkbox"/> <input type="checkbox"/> <u>—</u> <input checked="" type="checkbox"/> Overfill Alarm <input checked="" type="checkbox"/> <input type="checkbox"/> <u>1</u>				Veeder Root
	<input type="checkbox"/> Spill Bucket Test	<input type="checkbox"/>	<input type="checkbox"/>	<u>—</u>	
	<input type="checkbox"/> Tank Sump Test	<input type="checkbox"/>	<input type="checkbox"/>	<u>—</u>	
	<input type="checkbox"/> Other (describe briefly)	<input type="checkbox"/>	<input type="checkbox"/>	<u>—</u>	

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

VII. CHECKLIST

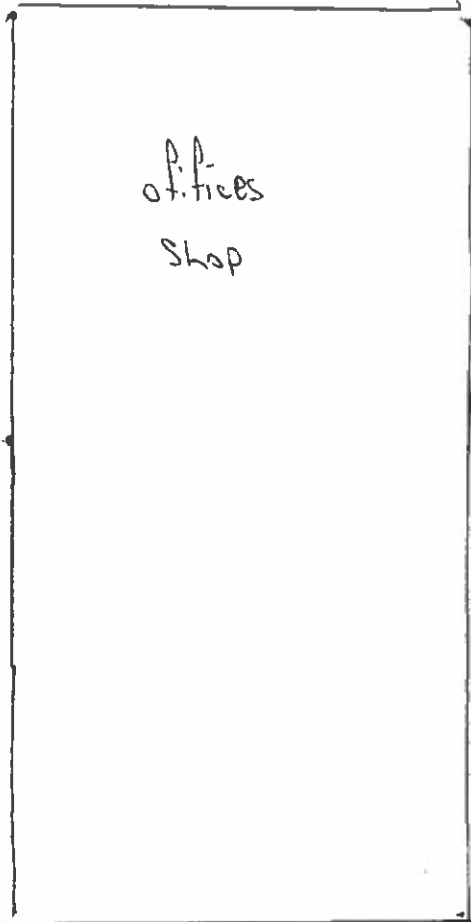
The following items shall be initialed by the Certified Service Provider.	YES	NO	N/A
1. Have all checked items been tested per recommended practices, code and/or manufacturer's requirements <u>and</u> in accordance with federal and/or state regulations?	mh		
2. Has the owner/operator been provided with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

VIII. SITE DIAGRAM

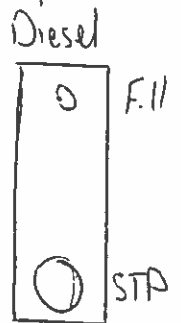
-- include description and/or locations of equipment tested --

2
4

Hwy 12



S2 S1
Fuel Island



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

IX. REQUIRED SIGNATURES

11/27/18

Date

M. Huston
Signature of Certified Service Provider

M. Huston

Print or Type Name

11/27/18

Date

Kerina Frankowiak
Signature of Tank Owner or Authorized Representative

Kerina Frankowiak

Print or Type Name



Portland 435 NE Hancock Portland, OR 97212
 Tri-Cities 200 S. 20th Ave. Pasco, WA 99301
 Seattle 6530 5th Place South Seattle, WA 98108
 Alaska 5610 Silverado Way Anchorage, AK 98518

Site Name: Boise Trucking Test Date: 11/27/18
 Address: 31572 HWY 12
 City, State, Zip: Wallula, Washington 99363

Test Data:

	1	2	3	4	5
Product	Diesel				
Manufacturer	VMI				
Model	99LD 2000				
Full Operating Pressure (psi)	30				
Trip Time (sec)	1				
Test Leak Rate (ml / min)(gph)	3 gph				
Pass / Fail	Pass				

Notes: _____

This document certifies that the leak detectors tests were performed at the facility referenced above in accordance to the equipment manufacturers specifications. The results as listed are to my knowledge true and accurate. This document's test pass/fail is determined using a low flow threshold trip rate of 3 gph at 10 PSI.

Inspected By: M. Huston

Technician Name: M. Huston

Technician Signature: 