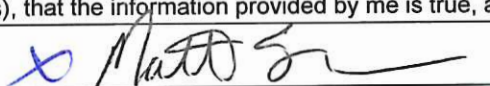
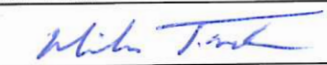


UNDERGROUND STORAGE TANK TESTING CERTIFICATION FORM

| I. FACILITY INFORMATION – Type or print (in ink) all items. | | | Test Date |
|---|--|--|---|
| Facility ID #: 20-26861 | Facility Name: Meadville Maintenance Bldg. | | 2/23/2023 |
| Facility Street Address: 18492 Smock Hwy., Meadville, PA 16335 | | | |
| Facility Telephone: | County: Crawford | Municipality: Vernon Twp. | |
| II. TESTER INFORMATION | | | |
| Tester Name: Mike Tack | Tester Cert. #: 6093 | Tester Telephone: 724-285-4258 | |
| Company Name: Total Tank Works LLC | Company Cert. #: 1852 | Tester Email: service@totaltankworks.com | |
| III. ATTACHED TESTING FORMS | | | |
| <input checked="" type="checkbox"/> All Passing | <input type="checkbox"/> Fail | Automatic Line Leak Detector Functionality Testing Form 2630-FM-BECB0021 | <input type="checkbox"/> Not Applicable |
| <input checked="" type="checkbox"/> All Passing | <input type="checkbox"/> Fail | Automatic Tank Gauge Functionality Testing Form 2630-FM-BECB0015 | <input type="checkbox"/> Not Applicable |
| <input checked="" type="checkbox"/> All Passing | <input type="checkbox"/> Fail | Sensor Functionality Testing Form 2630-FM-BECB0020 | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> All Passing | <input type="checkbox"/> Fail | Overfill Prevention Evaluation Form 2630-FM-BECB0018 | <input checked="" type="checkbox"/> Not Applicable |
| <input type="checkbox"/> All Passing | <input type="checkbox"/> Fail | Spill Prevention Equipment/Containment Sump Integrity Testing Form 2630-FM-BECB0016 | <input checked="" type="checkbox"/> Not Applicable |
| <input type="checkbox"/> All Passing | <input type="checkbox"/> Fail | Pressure/Vacuum Monitoring Functionality Testing Form 2630-FM-BECB0017 | <input checked="" type="checkbox"/> Not Applicable |
| <input type="checkbox"/> All Passing | <input type="checkbox"/> Fail | Groundwater/Vapor Monitoring System Functionality Testing Form 2630-FM-BECB0019 | <input checked="" type="checkbox"/> Not Applicable |
| Total Page Count – list the total count of pages for this testing package including the site drawing and cover page | | | 9 |
| IV. SITE DRAWING | | | <input checked="" type="checkbox"/> Site Drawing Attached |
| Provide a detailed site drawing of the applicable UST(s), product piping, containment structures, and other layout details on 2630-FM-BECB0027. Clearly indicate all ancillary equipment which has been tested. Label each component with a unique number or code. Use that code to identify the component in the appropriate section on the appropriate testing form. Any other pertinent information should also be included. | | | |
| V. OWNER'S REPRESENTATIVE CERTIFICATION | | | |
| I have reviewed all attached reports. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief. | | | |
| Signature:  | Date Signed: 2/23/2023 | | |
| <input type="checkbox"/> By selecting this box, I, the undersigned tester, am acknowledging the owners' representative certification is unable to be obtained within the 48-hour timeframe required for notification to the Pennsylvania Department of Environmental Protection of test failures. I have provided a copy of an email sent to the owner showing proof of notification of test failure. | | | |
| VI. TESTER CERTIFICATION | | | |
| By signing this document as the Tester, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me in all attached reports is true, accurate, and complete to the best of my knowledge and belief. | | | |
| Signature:  | Date Signed: 2/23/2023 | | |



UNDERGROUND STORAGE TANK AUTOMATIC TANK GAUGE FUNCTIONALITY TESTING FORM

| | | | | | | |
|---|--|--|-----------------------------|----------------------------------|---|--|
| I. FACILITY INFORMATION – Type or print (in ink) all items. | | | | TEST DATE | | |
| Facility ID #: 20-26861 | | Facility Name: Meadville Maintenance Bldg. | | | 2/23/2023 | |
| II. TESTER INFORMATION, OWNER’S REPRESENTATIVE CERTIFICATION, and TESTER CERTIFICATION | | | | | | |
| <input checked="" type="checkbox"/> All information provided on 2630-FM-BECB0028 Underground Storage Tank Testing Certification Form | | | | | | |
| III. AUTOMATIC TANK GAUGE | | | | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | |
| ATG Manufacturer | | Incon | | ATG Model | TS-1000/Z-P | |
| Detected leak will trigger an alarm? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Battery Backup Functional? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ATG software properly programmed? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Is the ATG equipped with CITLDS? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| IV. TEST PROCEDURE – Briefly describe procedure(s) used to test the probes (i.e. PEI/RP1200, manufacturer’s testing procedure, etc.) | | | | | | |
| RP1200 | | | | | | |
| V. COMMENTS | | | | | | |
| <p>The comments section should be used to note additional information discovered or actions taken during functionality testing that affect compliance at the facility. For example, include comments concerning any observations made by the tester that would affect the test results.</p> <p>Include actions taken to repair or replace failed devices.</p> <p>If additional comment sheets are needed, label each sheet with the report header information and attach the sheet(s) to the back of this form.</p> <p style="margin-left: 40px;">Sludge on the bottom of tank 008, may be giving a false water reading. No water was present when tank was stuck with water finding paste.</p> | | | | | | |

Facility ID #: 20-26861 Facility Name: Meadville Maintenance Bldg. Test Date: 2/23/2023

| VI. PROBE AND TESTING INFORMATION | | | | | | | | | | |
|---|---|--------------------------------------|---|--|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Tank Number | 007 | | 008 | | | | | | | |
| Product Stored | Diesel | | Diesel | | | | | | | |
| Manufacturer | Incon | | Incon | | | | | | | |
| Model | Mag | | Mag | | | | | | | |
| Measured Product Level (in.) | 75" | | 72 3/4" | | | | | | | |
| ATG Product Level (in.) | 74.51" | | 72.16" | | | | | | | |
| Measured Water Level (in.) | 0" | | 0" | | | | | | | |
| ATG Water Level (in.) | 0" | | 1.00" | | | | | | | |
| Measured product and water levels match ATG values? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the probe in a good state of repair? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the ATG console clear of alarms? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Float(s) move freely | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| VII. TEST RESULT | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

| VI. PROBE AND TESTING INFORMATION - continued | | | | | | | | | | |
|---|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Tank Number | | | | | | | | | | |
| Product Stored | | | | | | | | | | |
| Manufacturer | | | | | | | | | | |
| Model | | | | | | | | | | |
| Measured Product Level (in.) | | | | | | | | | | |
| ATG Product Level (in.) | | | | | | | | | | |
| Measured Water Level (in.) | | | | | | | | | | |
| ATG Water Level (in.) | | | | | | | | | | |
| Measured product and water levels match ATG values? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the probe in a good state of repair? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the ATG console clear of alarms? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Float(s) move freely | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| VII. TEST RESULT | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

Any "No" answer indicates the probe fails. Failed probes and ATGs must be repaired or replaced immediately.



UNDERGROUND STORAGE TANK AUTOMATIC LINE LEAK DETECTOR FUNCTIONALITY TESTING FORM

| | | |
|---|--|---|
| I. FACILITY INFORMATION – Type or print (in ink) all items. | | Test Date |
| Facility ID #: 20-26861 | Facility Name: Meadville Maintenance Bldg. | 2/23/2023 |
| II. TEST RESULTS | | |
| <input checked="" type="checkbox"/> Pass | | <input type="checkbox"/> Fail / One or More Failed |
| <p>Failed line leak detectors (LLD) must be repaired or replaced immediately.</p> <p>LLDs used for 3 gph piping release detection (PRD) on piping installed after November 10, 2007 must have a functioning automatic pump shut-off device that shuts off the flow of regulated substances through the piping to pass.</p> | | |
| III. TESTER INFORMATION, OWNER'S REPRESENTATIVE CERTIFICATION, and TESTER CERTIFICATION | | |
| <input checked="" type="checkbox"/> All information provided on 2630-FM-BECB0028 Underground Storage Tank Testing Certification Form | | |
| IV. TEST PROCEDURE – | | |
| Briefly describe procedure(s) used to test the line leak detector(s) (i.e. PEI/RP1200, manufacturer's testing procedure, etc.) | | |
| Purpora Engineering Petro-Tite Line Test manufacturer specifications | | |
| V. COMMENTS | | |
| <p>The comments section should be used to note additional information discovered or actions taken during functionality testing that affect compliance at the facility. For example, include comments concerning any observations made by the tester that would affect the test results.</p> <p>Include actions taken to repair or replace failed devices.</p> <p>If additional comment sheets are needed, label each sheet with the report header information and attach the sheet(s) to the back of this form.</p> | | |
| | | |

Facility ID #: 20-26861 Facility Name: Meadville Maintenance Bldg. Test Date: 2/23/2023

VI. LINE LEAK DETECTOR TESTING INFORMATION –

When more than five LLDs are tested at a facility, use additional copies of page 2.

| | | | | | |
|----------------------------------|--|--|-------------------------------------|-------------------------------------|-------------------------------------|
| Tank Number | 007 | 008 | | | |
| Tank Install Date | 11/15/1996 | 11/15/1996 | | | |
| Product Stored | Diesel | Diesel | | | |
| Piping Line Number ¹ | A | B | | | |
| Piping Install Date ⁴ | 3/27/2001 | 3/27/2001 | | | |
| Manufacturer | Red Jacket | Red Jacket | | | |
| Model | FX1DV | FX1DV | | | |
| Leak Detector Type | <input type="checkbox"/> Electronic | <input type="checkbox"/> Electronic | <input type="checkbox"/> Electronic | <input type="checkbox"/> Electronic | <input type="checkbox"/> Electronic |
| | <input checked="" type="checkbox"/> Mechanical | <input checked="" type="checkbox"/> Mechanical | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Mechanical |
| STP Operating Pressure | 32 PSI | 29 PSI | | | |

A. MECHANICAL LINE LEAK DETECTORS

| | | | | | |
|--|---|---|--|--|--|
| Check Valve Holding Pressure | 19 PSI | 20 PSI | | | |
| Line Resiliency (ml) | | | | | |
| Step Through Time (s) | | | | | |
| Metering Pressure | 10 PSI | 9 PSI | | | |
| Opening Time (s) | 3 seconds | 3 seconds | | | |
| STP pressure remains at or below metering pressure for at least 60 seconds | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Simulated leak causes slow flow | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Leak detector resets when line pressure is bled off to zero | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

B. ELECTRONIC LINE LEAK DETECTORS

| | | | | | |
|--|--|--|--|--|--|
| How many test cycles are observed before alarm /shutdown occurs? | | | | | |
| Simulated leak causes an alarm | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Simulated leak disables the STP ² | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

V. TEST RESULT^{3,4} Pass Fail Pass Fail Pass Fail Pass Fail Pass Fail

1. Designate each product line, on which a line leak detector was tested, numerically or by code on the site drawing.
2. Required for pressurized piping systems installed after November 10, 2007, using LLD for 3gph PRD.
3. Failed line leak detectors must be repaired or replaced immediately.
4. For a Passing Result: piping installed after November 10, 2007, the STP must shutdown upon simulated leak if using the LLD for 3gph PRD.



UNDERGROUND STORAGE TANK SENSOR FUNCTIONALITY TESTING FORM

| | | | | | | | | | | | | | | | |
|---|--|--|---|--|--|--|--|---|--|--|--|---|--|-----------------------------|--|
| I. FACILITY INFORMATION – Type or print (in ink) all items. | | | | | | | | TEST DATE | | | | | | | |
| Facility ID #: 20-26861 | | | | Facility Name: Meadville Maintenance Bldg. | | | | 2/23/2023 | | | | | | | |
| II. TEST RESULTS | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Pass | | | <input type="checkbox"/> Fail / One or More Failed | | | Failed sensors must be repaired or replaced immediately. | | | | | | | | | |
| III. TESTER INFORMATION, OWNER'S REPRESENTATIVE CERTIFICATION, and TESTER CERTIFICATION | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> All information provided on 2630-FM-BECB0028 Underground Storage Tank Testing Certification Form | | | | | | | | | | | | | | | |
| IV. TEST PROCEDURE – Briefly describe procedure(s) used to test the sensors (i.e. PEI/RP1200, manufacturer's testing procedure, etc.) | | | | | | | | | | | | | | | |
| PEI RP 1200 | | | | | | | | | | | | | | | |
| V. SENSOR CONTROLLER or AUTOMATIC TANK GAUGE | | | | | | | | <input checked="" type="checkbox"/> Pass | | <input type="checkbox"/> Fail | | | | | |
| Manufacturer: Incon | | | Model: TS-1000/Z-P | | Does the controller have a battery backup? | | | <input checked="" type="checkbox"/> Yes | | <input type="checkbox"/> No | | | | | |
| Applicable site setup parameters are correct? | | | | <input checked="" type="checkbox"/> Yes | | <input type="checkbox"/> No | | Is the battery backup functional? | | <input type="checkbox"/> N/A | | <input checked="" type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| VI. COMMENTS | | | | | | | | | | | | | | | |
| <p>The comments section should be used to note additional information discovered or actions taken during functionality testing that affect compliance at the facility. For example, include comments concerning any observations made by the tester that would affect the test results.</p> <p>Include actions taken to repair or replace failed devices.</p> | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| If additional comment sheets are needed, label each sheet with Facility ID, facility name, and test date and attach the sheet(s) to the back of this form. | | | | | | | | | | | | | | | |
| VII. SENSOR AND TESTING INFORMATION | | | | | | | | | | | | | | | |
| Sensor Location | 007 STP Sump | | 008 STP Sump | | Dispenser 1 | | Dispenser 2 | | Dispenser 3 | | | | | | |
| Sensor Number ¹ | L1 | | L2 | | L3 | | L4 | | L5 | | | | | | |
| Manufacturer | OPW | | OPW | | OPW | | OPW | | OPW | | | | | | |
| Model | Q0003009 | | Q0003009 | | Q0003009 | | Q0003009 | | Q0003009 | | | | | | |
| Sensor Type | <input type="checkbox"/> Discriminating | | <input type="checkbox"/> Discriminating | | <input type="checkbox"/> Discriminating | | <input type="checkbox"/> Discriminating | | <input type="checkbox"/> Discriminating | | | | | | |
| | <input checked="" type="checkbox"/> Non-Discriminating | | <input checked="" type="checkbox"/> Non-Discriminating | | <input checked="" type="checkbox"/> Non-Discriminating | | <input checked="" type="checkbox"/> Non-Discriminating | | <input checked="" type="checkbox"/> Non-Discriminating | | | | | | |
| Test Liquid | <input checked="" type="checkbox"/> Water | <input type="checkbox"/> Product | <input checked="" type="checkbox"/> Water | <input type="checkbox"/> Product | <input checked="" type="checkbox"/> Water | <input type="checkbox"/> Product | <input checked="" type="checkbox"/> Water | <input type="checkbox"/> Product | <input checked="" type="checkbox"/> Water | <input type="checkbox"/> Product | | | | | |
| Is the console clear of alarms? | <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 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | |
| Is the sensor properly positioned? | <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 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | |
| Is the sensor in a good state of repair? | <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 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | |
| Does the sensor trigger an alarm when placed in the test liquid? | <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 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | |
| Is the sensor correctly identified on console? | <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 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | |
| Does the sensor alarm automatically disable the pump? ² | <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 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | |
| TEST RESULT³ | <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 | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail | | | | | |

Facility ID #: 20-26861 Facility Name: Meadville Maintenance Bldg. Test Date: 2/23/2023

VII. SENSOR AND TESTING INFORMATION

| | | | | | | | | | | |
|--|---|----------------------------------|---|----------------------------------|---|----------------------------------|---|----------------------------------|---|----------------------------------|
| Sensor Location | | | | | | | | | | |
| Sensor Number ¹ | | | | | | | | | | |
| Manufacturer | | | | | | | | | | |
| Model | | | | | | | | | | |
| Sensor Type | <input type="checkbox"/> Discriminating | | <input type="checkbox"/> Discriminating | | <input type="checkbox"/> Discriminating | | <input type="checkbox"/> Discriminating | | <input type="checkbox"/> Discriminating | |
| | <input type="checkbox"/> Non-Discriminating | | <input type="checkbox"/> Non-Discriminating | | <input type="checkbox"/> Non-Discriminating | | <input type="checkbox"/> Non-Discriminating | | <input type="checkbox"/> Non-Discriminating | |
| Test Liquid | <input type="checkbox"/> Water | <input type="checkbox"/> Product | <input type="checkbox"/> Water | <input type="checkbox"/> Product | <input type="checkbox"/> Water | <input type="checkbox"/> Product | <input type="checkbox"/> Water | <input type="checkbox"/> Product | <input type="checkbox"/> Water | <input type="checkbox"/> Product |
| Is the console clear of alarms? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the sensor properly positioned? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the sensor in a good state of repair? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the sensor trigger an alarm when placed in the test liquid? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the sensor correctly identified on console? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the sensor alarm automatically disable the pump? ² | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TEST RESULT³ | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

VII. SENSOR AND TESTING INFORMATION

| | | | | | | | | | | |
|--|---|----------------------------------|---|----------------------------------|---|----------------------------------|---|----------------------------------|---|----------------------------------|
| Sensor Location | | | | | | | | | | |
| Sensor Number ¹ | | | | | | | | | | |
| Manufacturer | | | | | | | | | | |
| Model | | | | | | | | | | |
| Sensor Type | <input type="checkbox"/> Discriminating | | <input type="checkbox"/> Discriminating | | <input type="checkbox"/> Discriminating | | <input type="checkbox"/> Discriminating | | <input type="checkbox"/> Discriminating | |
| | <input type="checkbox"/> Non-Discriminating | | <input type="checkbox"/> Non-Discriminating | | <input type="checkbox"/> Non-Discriminating | | <input type="checkbox"/> Non-Discriminating | | <input type="checkbox"/> Non-Discriminating | |
| Test Liquid | <input type="checkbox"/> Water | <input type="checkbox"/> Product | <input type="checkbox"/> Water | <input type="checkbox"/> Product | <input type="checkbox"/> Water | <input type="checkbox"/> Product | <input type="checkbox"/> Water | <input type="checkbox"/> Product | <input type="checkbox"/> Water | <input type="checkbox"/> Product |
| Is the console clear of alarms? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the sensor properly positioned? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the sensor in a good state of repair? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the sensor trigger an alarm when placed in the test liquid? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the sensor correctly identified on console? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the sensor alarm automatically disable the pump? ² | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TEST RESULT³ | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

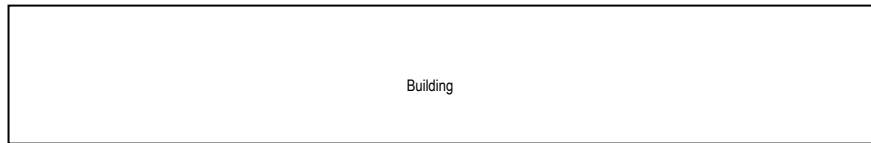
1. Designate each sensor tested numerically or by code on the site drawing.
 2. For a Passing Result: Required for pressurized piping systems installed after November 10, 2007, using sensors for 3 gph piping release detection.
 3. Failed sensors must be repaired or replaced immediately.



STORAGE TANK FACILITY SITE DRAWING

| | | | | |
|-------------------------------------|--------------|-----------------------|--|---------------------------|
| I. FACILITY INFORMATION | | Facility ID: 20-26861 | Facility Name: Meadville Maintenance Bldg. | |
| Street Address: 18492 Smock Hwy. | | | City: Meadville | ZIP: 16335 |
| GPS | LAT: 41.6207 | LONG: -80.1692 | County: Crawford | Municipality: Vernon Twp. |
| II. SITE DIAGRAM PREPARED BY | | | Name: | Telephone: |

III. SITE DRAWING



Building

