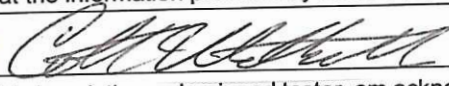
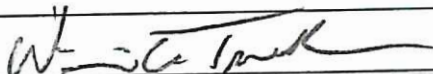


UNDERGROUND STORAGE TANK TESTING CERTIFICATION FORM

I. FACILITY INFORMATION – Type or print (in ink) all items.			Test Date
Facility ID #: 20-26861		Facility Name: Meadville Maintenance Bldg.	
Facility Street Address: 18492 Smock Hwy., Meadville, PA 16335			
Facility Telephone:		County: Crawford	Municipality: Vernon Twp.
II. TESTER INFORMATION			
Tester Name: Bill Tack		Tester Cert. #: 6224	Tester Telephone: 724-285-4258
Company Name: Total Tank Works LLC		Company Cert. #: 1852	Tester Email: service@totaltankworks.com
III. ATTACHED TESTING FORMS			
<input type="checkbox"/> All Passing	<input type="checkbox"/> Fail	Automatic Line Leak Detector Functionality Testing Form 2630-FM-BECB0021	<input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> All Passing	<input type="checkbox"/> Fail	Automatic Tank Gauge Functionality Testing Form 2630-FM-BECB0015	<input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> All Passing	<input type="checkbox"/> Fail	Sensor Functionality Testing Form 2630-FM-BECB0020	<input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> All Passing	<input checked="" type="checkbox"/> Fail	Overfill Prevention Evaluation Form 2630-FM-BECB0018	<input type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> All Passing	<input type="checkbox"/> Fail	Spill Prevention Equipment/Containment Sump Integrity Testing Form 2630-FM-BECB0016	<input 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			6
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: 3/16/2023
<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: 3/16/2023



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

UNDERGROUND STORAGE TANK OVERFILL PREVENTION EVALUATION FORM

I. FACILITY INFORMATION – Type or print (in ink) all items.		Test Date
Facility ID #: 20-26861	Facility Name: Meadville Maintenance Bldg.	3/16/2023
II. TEST RESULTS		
<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail / One or More Failed		
Failed tests must be reported by submitting this form to the appropriate regional office. Underground Storage Tanks may not receive product deliveries without functional overfill prevention.		
III. TESTER INFORMATION, OWNER'S REPRESENTATIVE CERTIFICATION, and TESTER CERTIFICATION		
<input checked="" type="checkbox"/> All information provided on 2630-FM-BECBXXXXBECB0028 Underground Storage Tank Testing Certification Form		
IV. COMMENTS		
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. Include actions taken to repair or replace failed devices. Installation, repair and removal of overfill prevention devices requires the use of a Department certified individual. Failed ball float valves may not be repaired or replaced; an alternate form of overfill prevention must be installed. 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.		
The overfill valve in Tank #008 was unable to be tested because it is stuck in the riser.		

Facility ID #: 20-26861 Facility Name: Meadville Maintenance Bldg. Test Date: 3/16/2023

V. TANK AND DEVICE INFORMATION

Tank Number	007	008			
Tank Capacity	10,000	10,000			
Tank Diameter	98"	Unknown			
Product Stored	Diesel	Diesel			
Overfill Manufacturer	OPW	Unknown			
Overfill Model	61SO-4	Unknown			
Product Delivery Method	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Pressurized
	<input checked="" type="checkbox"/> Gravity	<input type="checkbox"/> Gravity	<input type="checkbox"/> Gravity	<input type="checkbox"/> Gravity	<input type="checkbox"/> Gravity
Overfill Type(s)	<input type="checkbox"/> Drop Tube Shutoff	<input type="checkbox"/> Drop Tube Shutoff	<input type="checkbox"/> Drop Tube Shutoff	<input type="checkbox"/> Drop Tube Shutoff	<input type="checkbox"/> Drop Tube Shutoff
	<input type="checkbox"/> Alarm	<input type="checkbox"/> Alarm	<input type="checkbox"/> Alarm	<input type="checkbox"/> Alarm	<input type="checkbox"/> Alarm
	<input type="checkbox"/> Ball Float	<input type="checkbox"/> Ball Float	<input type="checkbox"/> Ball Float	<input type="checkbox"/> Ball Float	<input type="checkbox"/> Ball Float
	<input type="checkbox"/> Whistle Vent	<input type="checkbox"/> Whistle Vent	<input type="checkbox"/> Whistle Vent	<input type="checkbox"/> Whistle Vent	<input type="checkbox"/> Whistle Vent

VI. TEST INFORMATION (Complete all applicable overfill types)

A. DROP TUBE SHUTOFF DEVICE

Drop tube and float free of debris?	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Float and poppet move freely?	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Poppet enters flow path when float is engaged?	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Capacity when flow is stopped (%)	95%									

B. OVERFILL ALARM

Visible or audible to delivery driver?	<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
Probe and float in good condition?	<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 moves 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
Does simulated overfill trigger 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
Capacity when alarm is triggered (%)										

C. BALL FLOAT VALVE

Straight drop tube installed?	<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 only fill present a direct fill?	<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
Ball and cage present and in good condition?	<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
Ball moves freely in cage?	<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 bleed hole unobstructed?	<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
Capacity when flow is restricted (%)										

D. WHISTLE VENT ALARM

Permanently Installed?	<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
Audible to delivery driver?	<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
Capacity when whistle stops (%)										

VII. TEST RESULTS

Pass Fail Pass Fail Pass Fail Pass Fail Pass Fail

Any "No" answer in Section VI indicates the overfill device fails. Failed tests must be reported by submitting this form to the appropriate regional office. Underground Storage Tanks may not receive product deliveries without functional overfill prevention.



**UNDERGROUND STORAGE TANK
SPILL PREVENTION EQUIPMENT/CONTAINMENT SUMP INTEGRITY TESTING FORM**

I. FACILITY INFORMATION – Type or print (in ink) all items.		Test Date
Facility ID #: 20-26861	Facility Name: Meadville Maintenance Bldg.	3/16/2023
II. TEST RESULTS		
<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail / One or More Failed	
Failed test results constitute a suspected release. Certified Individuals must report confirmed or suspected contamination to DEP within 48 hours of observing it. This form must be submitted to the appropriate regional office with the notification of contamination form. Facility owners/operators must investigate suspected releases within 7 days. If a release is observed, it must be reported to DEP by telephone within 24 hours and in writing within 15 days.		
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 METHOD		
Method Used	<input checked="" type="checkbox"/> Hydrostatic	<input type="checkbox"/> Vacuum
	<input type="checkbox"/> Other:	<input type="checkbox"/> Pressure
Method Developer	<input type="checkbox"/> Manufacturer	<input checked="" type="checkbox"/> Industry Standard: RP1200
Method's Pass/Fail Threshold		1/8"
V. HYDROSTATIC TEST LEVEL MEASUREMENT		
If devices were tested using a hydrostatic test, describe how level measurements were taken (i.e. from the bottom up, from the top down, from a mark on the sump wall)		
Measurements taken vertically from the lowest point of the containment sump.		
VI. COMMENTS		
The comments section should be used to note additional information discovered or actions taken during integrity testing that affect compliance at the facility. For example, include comments concerning any observations made by the tester that would affect the test results. Include actions taken to repair or replace failed devices. Repairs to containment sumps and spill prevention equipment require the use of a DEP certified individual. If additional comment sheets are needed, label each sheet with the report header information, and attach the sheet(s) to this form.		

Facility ID #: 20-26861 Facility Name: Meadville Maintenance Bldg. Test Date: 3/16/2023

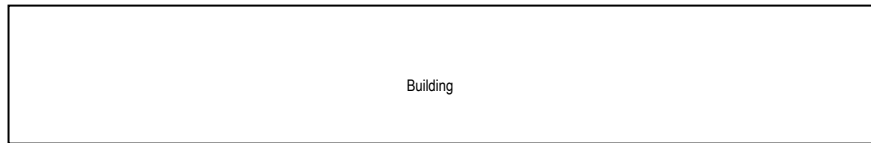
VII. VISUAL INSPECTION INFORMATION										
Tank Number	007		008							
Product Stored	Diesel		Diesel							
Containment Number ¹	1		2							
Containment Type	<input type="checkbox"/> Dispenser <input type="checkbox"/> Tank Top Sump <input checked="" type="checkbox"/> Fill Spill Bucket <input type="checkbox"/> Transition		<input type="checkbox"/> Dispenser <input type="checkbox"/> Tank Top Sump <input checked="" type="checkbox"/> Fill Spill Bucket <input type="checkbox"/> Transition		<input type="checkbox"/> Dispenser <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Fill Spill Bucket <input type="checkbox"/> Transition		<input type="checkbox"/> Dispenser <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Fill Spill Bucket <input type="checkbox"/> Transition		<input type="checkbox"/> Dispenser <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Fill Spill Bucket <input type="checkbox"/> Transition	
Manufacturer	EBW		EBW							
Model ²	15 Gallon		15 Gallon							
Were There Visible Cracks, Holes or Other Failures in the Containment?	<input type="checkbox"/> Yes	<input checked="" 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
Was There Product in the Containment Prior to Testing?	<input type="checkbox"/> Yes	<input checked="" 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
Was Product and Debris Removed from the Containment Prior to Testing?	<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
	<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	
VIII. 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
Failed visual inspections may constitute a suspected release. 1. Designate each device tested, numerically or by code, on the site drawing. 2. If model cannot be determined, describe device construction (Single-walled/Double-walled, Fiberglass, HDPE, etc.)										
IX. TESTING INFORMATION										
Test Start Time	0900		0900							
Test Start Level	20 3/4"		20 1/2"							
Test End Time	1000		1000							
Test End Level	20 3/4"		20 1/2"							
Test Period	1 hour		1 hour							
Level Change	0"		0"							
X. 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
XI. FAILURE DESCRIPTION										
If any device fails visual inspection or testing, describe the reason for the failure and the location of the failure for each failed device (i.e. "Cracked entry boot 4" from the bottom of dispenser sump #A1" or "Hole in bottom of Tank 002 fill spill bucket")										



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

