UST Inspection Survey

Submitted by: blakely.gilbert_deq

Submitted time: Jan 7, 2026, 1:03:01 PM

Date

Jan 7, 2026

Time

11:00

UST Facility ID

6,109

Inspector

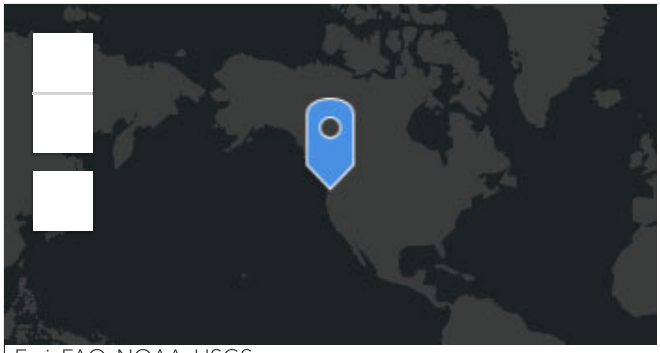
Gilbert

Type of Inspection

Full Compliance

Location

Lat: 46.094616 Lon: -122.96423



Photograph

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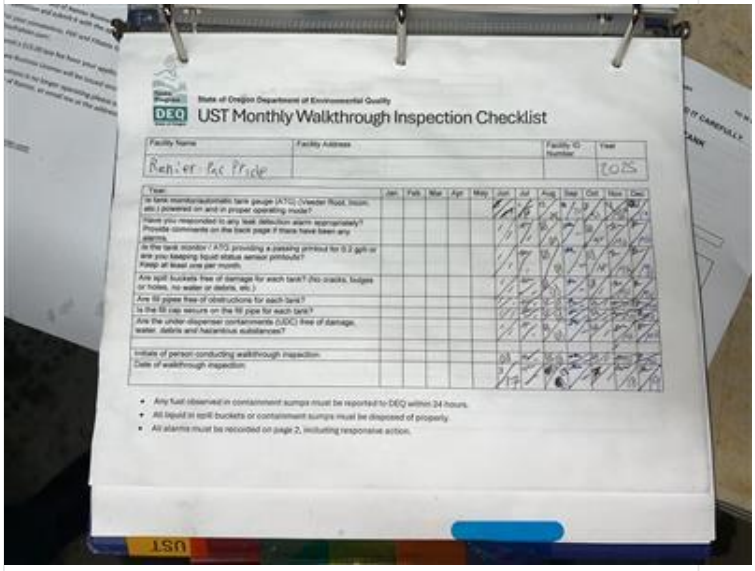

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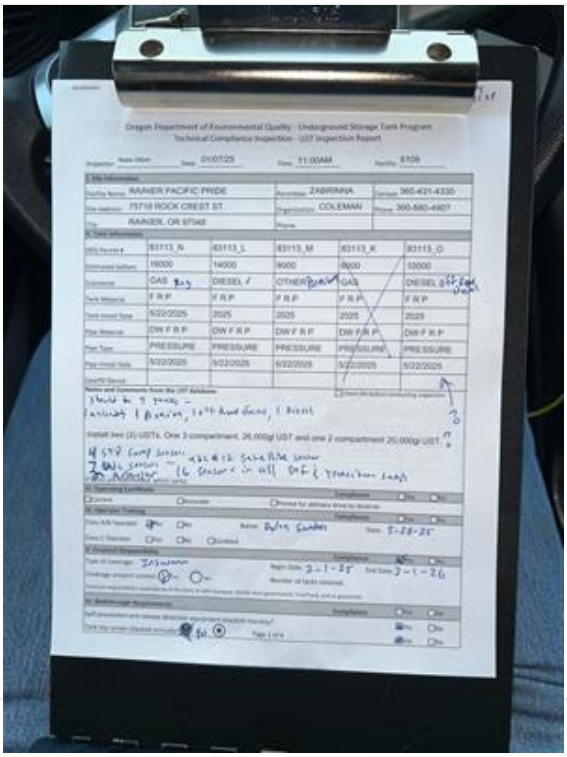


sent email requesting missing docs - 12/4/25

Complete

Oregon Department of Environmental Quality - Underground Storage Tank Program
Technical Compliance Inspection - UST Inspection Report

Inspector: Blake Gilbert Date: 01/07/25 Time: 11:00AM Facility: 6109

I. Site Information			
Facility Name: RAINIER PACIFIC PRIDE	Permittee: ZABRINNA	Contact 360-431-4330	
Site Address: 75719 ROCK CREST ST.	Organization: COLEMAN	Phone 360-880-4907	
City: RAINIER, OR 97048	Phone:		

II. Tank Information					
DEQ Permit #	83113_N	83113_L	83113_M	83113_K	83113_O
Estimated Gallons	16000	14000	6000	6000	10000
Substance	GAS Reg	DIESEL ✓	OTHER ~~Premium~~	GAS Premium	DIESEL off Road Diesel
Tank Material	F R P	F R P	F R P	F R P	F R P
Tank Install Date	5/22/2025	2025	2025	2025	2025
Pipe Material	DW F R P	DW F R P	DW F R P	DW F R P	DW F R P
Pipe Type	PRESSURE	PRESSURE	PRESSURE	PRESSURE	PRESSURE
Pipe Install Date	5/22/2025	5/22/2025	5/22/2025	5/22/2025	5/22/2025
Overfill Device			DEF		

Notes and Comments from the UST database: ☐ *Check file before conducting inspection*

should be 4 tanks - 1 unleaded, 1 premium, 1 OFF Road Diesel, 1 Diesel

Good

?

Install two (2) USTs. One 3 compartment, 26,000gl UST and one 2 compartment 20,000gl UST.

?

4 STP Sump Sensors, 4 dc #12 Satellite sensor.
7 dispenser sensors - 16 Sensors in all Def & Transition sump

If tanks are manifolded, which tanks:

III. Operating Certificate	Compliance ☑ Yes ☐ No
☐ Current ☑ Accurate ☑ Posted for delivery drive to observe	

IV. Operator Training	Compliance ☑ Yes ☐ No
Class A/B Operator ☑ Yes ☐ No Name: ~~Dylan Sanders~~ Date: 5-28-25	
Class C Operator ☐ Yes ☐ No ☐ Cardlock Rob Danhauser	

V. Financial Responsibility	Compliance ☑ Yes ☐ No
Type of coverage: Insurance Begin Date: 2-1-25 End Date: 2-1-26	
Coverage amount correct: ◉ Yes ○ No Number of tanks covered:	
Financial responsibility could also be in the form of self insurance, bonds, local government, trust fund, and or guarantee	

VI. Walkthrough Requirements	Compliance ☑ Yes ☐ No
Spill prevention and release detection equipment checked monthly?	☑ Yes ☐ No
Tank top sumps checked annually? ◉ Yes ○	☑ Yes ☐ No

VII. Release Detection — **Compliance** ☑ Yes ☐ No

a) Annual Release Detection Operability Testing (Sometimes referred to as Tank Gauge Certification)

Date of last testing: 10-14-25 (10-4-24, 11-20-23) Last three tests available? ☑ Yes ☐ No

b) Piping Release Detection *(Check all that apply)*

☑ *Pressurized Piping*

☒ Mechanical Leak Detector (MLLD) ☐ Electronic Leak Detector (ELLD) - *check for swiftcheck requirement* (old System 3 Lines 4-27-23)

Date of last testing: 10-14-25 (10-4-24) Last three tests available? ☑ Yes ☐ No

Number of lines tested: 4 Number of LD tested: _____

Leak detector manufacturer make and model: LD-2000

Tank gauge manufacturer make and model: FRANKLIN FE-PETRO

MLLD on turbine manifold? ☐ Yes ☐ No

MLLD product appropriate? (Example, diesel Red Jacket FX series on diesel system?) ☐ Yes ☐ No

If ELLD and no line testing: Annual 0.1 gph results from tank gauge? ☐ Yes ☐ No

☑ *Interstitial Monitoring*

[Monthly records must include, date system was checked, observations made, initials of person checking. Electronic records must include power status (on or off), alarm indication status (yes or no) and sensor malfunction notes (yes or no).]

Date of last sump testing: 10-14-25 (Onsite pair) Last two tests available? ☑ Yes ☐ No (New Piping Tanks)

Date of last sensor testing: 10-14-25 Last three tests available? ☑ Yes ☐ No (New Piping Tanks)

Float sensors installed correctly? ☐ Yes ☐ No

Interstitial space opened to sump? ☐ Yes ☐ No

Presence of water in sumps? ☐ Yes ☐ No

☐ *Safe Suction*

Check valve directly below suction pump? ☐ Yes ☐ No

c) Monthly Tank Release Detection *(Check all that apply)*

☑ Tank Gauge ☐ CSLD ☐ SCALD ☐ Static

Are correct tank sizes programmed at tank gauge?	☑ Yes	☐ No
Tank diameter/length seem appropriate?	☑ Yes	☐ No
Are tanks manifolded?	☐ Yes	☑ No
If so, tank gauge testing setup for manifolded tanks?	☐ Yes	☐ No

If Veeder Root tank gauge leak detection
☐ CSLD set at 99%
☑ Thermal coefficient set correctly? (Gasoline 0.00070; Diesel 0.00045)
If Incon/Franklin tank gauge leak detection
☐ If SCALD is Vol Qual set to 14% (or 99% confidence)
☐ Is API gravity set correctly? (Regular 63.5; Plus 62.8; Super 51.3; Diesel 32.8)
For all tank gauges doing static tests (Static tests require tank to be 50% full for a valid test)

☑ Interstitial Monitoring [Monthly records must include, date system was checked, observations made, initials of person checking. Electronic records must include power status (on or off), alarm indication status (yes or no) and sensor malfunction notes (yes or no).]

☐ SIR Ensure pass or fail results within 30-day period. Inconclusive result means release detection requirement not met

Older Records "New Site" Tanks and Piping

Tank release detection records available during inspection

T1:	☐ Jan	☐ Feb	☐ Mar	☐ Apr	☐ May	☒ Jun	☒ Jul	☒ Aug	☐ Sep	☐ Oct	☒ Nov	☒ Dec
T2:	☐ Jan	☐ Feb	☐ Mar	☐ Apr	☐ May	☒ Jun	☒ Jul	☒ Aug	☐ Sep	☐ Oct	☒ Nov	☒ Dec
T3:	☐ Jan	☐ Feb	☐ Mar	☐ Apr	☐ May	☒ Jun	☒ Jul	☒ Aug	☐ Sep	☐ Oct	☒ Nov	☒ Dec
T4:	☐ Jan	☐ Feb	☐ Mar	☐ Apr	☐ May	☒ Jun	☒ Jul	☒ Aug	☐ Sep	☐ Oct	☒ Nov	☒ Dec
T5:	☐ Jan	☐ Feb	☐ Mar	☐ Apr	☐ May	☒ Jun	☒ Jul	☒ Aug	☐ Sep	☐ Oct	☒ Nov	☒ Dec

Inspector: Blake Gilbert Date: 01/07/25 Time: 11:00AM Facility: 6109

VIII. Spill Prevention **Compliance** ☒ Yes ☐ No

Date(s) of testing: 4-27-23 10-2-20 Number of spill buckets tested: _____

Did spill bucket pass most recent testing? ☐ Yes ☐ No If no, was spill bucket replaced/repaired? ☐ Yes ☐ No

During inspection, visual damage to spill bucket? ☐ Yes ☐ No New Install 6

☐ Hydrostatic testing (test takes one hour to complete)

☐ Vacuum test (test takes 1 minute, ending vacuum must be 26 inches water column or greater)

IX. Overfill Prevention **Compliance** ☒ Yes ☐ No

Date(s) of testing: 11-20-23 10/2/20

Overfill device pass most recent testing? ☐ Yes ☐ No If no, overfill device replaced? ☐ Yes ☐ No

Overfill method that was tested: ☒ Alarm ☐ Flapper ☐ Ball Float

Overfill Alarm

Alarm sounds when tank is 90% full ☒ Yes ☐ No

Driver can see or hear alarm at point of transfer? ☒ Yes ☐ No

Sound alarm from tank gauge during inspection? ☒ Yes ☐ No

Flapper Valve

Testing verified the valve automatically restricts flow at 95% ☐ Yes ☐ No

Visual observation of flapper on day of inspection? ☐ Yes ☐ No

Ball Float

Testing verified the ball float automatically restricts flow at 90% ☐ Yes ☐ No

Visual observation of ball float during inspection? ☐ Yes ☐ No

X. Corrosion Protection **Compliance** ☒ Yes ☐ No

☐ Cathodic ☐ Galvanic ☐ Impressed Current

Steel tank with cathodic? ☐ Yes ☐ No

Steel pipes with cathodic? ☐ Yes ☐ No

Steel flex-lines with cathodic? ☐ Yes ☐ No

Date of cathodic test: 10-4-24 N/A

Last two tests available? ☐ Yes ☐ No

Did last test pass? ☐ Yes ☐ No

If not:

Was failed test reported to DEQ? ☐ Yes ☐ No

Was system repaired? ☐ Yes ☐ No

Date of repair? _____

Cathodic retested within 6 mos. of repair? ☐ Yes ☐ No

Date of retesting? _____

If impressed current system:

Rectifier Operational? ☐ Yes ☐ No

Rectifier log maintained? ☐ Yes ☐ No

Rectifier been operating continuously ☐ Yes ☐ No

☐ Tank Lining

Date of lest test? _____

Pressure test conducted after tank lining inspection? ☐ Yes ☐ No

* New tanks installed on?

XI. General notes from inspection

Representative onsite: _____ email: _____

Site brand new all looks great — Tanks & Cans new — dispenser new with cool doors that open up on hinges.

Compliance Determination: [X] No Violations Observed [ ] Observed violations resulting in enforcement

Inspector Signature: Blake Gilbert _____ Date: 1-8-26

Oregon
Tina Kotek, Governor

Department of Environmental Quality
Northwest Region
700 NE Multnomah Street, Suite 600
Portland, OR 97232
(503) 229-5263
FAX (503) 229-6945
TTY 711

Zabrinna Coleman
Rainier Pacific Pride
75719 Rock Crest St.
Rainier, Or 97048

01/13/25

RE: UST Compliance Inspection
DEQ UST # 6109

Alvin,

The Oregon Department of Environmental Quality (DEQ) finalized the underground storage tank (UST) full compliance inspection that was conducted at the facility listed above on January 07, 2026. The purpose of this letter is to inform you of the results of this inspection. Based on the records available and site conditions, the DEQ inspector did not observe any violations with applicable State of Oregon UST rules on this day.

During an inspection, DEQ attempts to conduct a thorough review of the UST system. Nonetheless, you, as the permittee and owner, remain responsible for complying with all applicable UST rules. Therefore, if a violation is observed during a subsequent inspection, the facility will be cited for this violation and may be subject to civil penalties.

The DEQ appreciates your efforts to operate and maintain your UST system in compliance with Oregon environmental law. This facility is subject to future inspections. Please remember to conduct service and maintenance inspections and periodic testing at the required intervals and to implement and/or maintain adequate record keeping. Some general recommendations for maintaining UST compliance are listed below.

- Monitor tanks and piping for leaks and keep twelve months of monthly and or daily records as necessary for your specific systems. **Notify the DEQ any leak test results indicating the possibility of a release (i.e., test failure) within 24 hours as a suspected release (OAR 340-150-0500) and immediately begin investigation under OAR 340-150-0510.**
- Maintain financial responsibility coverage for pollution liability.
- Keep spill prevention devices emptied and clean – particularly just before fuel deliveries.
- Schedule and complete UST system corrosion protection testing on the required 3 year schedule, if necessary.
- Monitor fuel delivery records for signs of overfilling to capacity and make corrections to defective overfill prevention equipment or improper delivery procedures as necessary.

CERTIFICATE OF COMPLETION

This is to certify that

Dylan Sanders

has successfully completed the online course

Oregon Class A/B UST Operator Training

on

05/28/2025

UST TRAINING APPROVED CLASS AB

USTTraining.com

I'm TANK SAVVY™

This course is approved by the Oregon Department of Environmental Quality.
This certificate is valid indefinitely unless directed to retrain by the State of Oregon due to operational violations.

Northwest Tank & Environmental Services, Inc.
21120 Hwy 9 SE
Woodinville, WA 98072
PH: (800) 742-9620 FAX: (425) 645-7881
http://www.nwtank.com

Tuesday, November 21, 2023

Wilcox and Flegel Oil Company
Po Box 69
Longview, WA 98632

Rainier Shell
75754 Rockcrest St
Rainier, OR 97048

RE: Job ID 118057

Dear Valued Customer:

The **Official Report** including all test results and any supporting documentation are enclosed. The test data covered in this report are specific to each test conducted. For your convenience, a summary of testing conducted is provided on the report cover page.

Unless stated otherwise, all compliance testing data must be maintained on site for a minimum of **5 years**. Instructions for specific test types may follow.

Please call if you have any questions or require additional information.

Sincerely,

Northwest Tank & Environmental Services, Inc.

Maintain all test reports on-site for a minimum of 5 years.

OFFICIAL REPORT

Test Report For:

Client	*Site*
Wilcox and Flegel Oil Company	Rainier Shell
Po Box 69	75754 Rockcrest St
Longview, WA 98632	Rainier, OR 97048
Job #: 118057	Facility ID: DEQ

Date Testing Conducted

Monday November 20, 2023

Testing Summary

Tank Monitor Certification and ATG Probe Inspection	Pass
Overfill Inspection (1-3 tanks) 3 Yr	Pass

Report Analyst: Certified Supervisor: Kevin Frisbee Certificate #: 8804683

Work Acknowledgement Form

Customer Name: Wilcox and Flegel Oil Company DEQ
Site Name: Rainier Shell
Site Address: 75754 Rockcrest St, Rainier
Job Number: 118057
Ticket / PO#:
Date Of Service: 11/20/2023

Facility ID:

Testing Company: Northwest Tank & Environmental Services, Inc.
Primary Technician: Kevin Frisbee
Address: 21120 Hwy 9 SE
City/State/Zip: Woodinville, WA 98072
PH: (800) 742-9620

Start Time:	7:08 AM	**End Time:**	8:40 AM	**Number of Technicians:**	2

Scope of work scheduled:
Tank Monitor Certification and ATG Probe Inspection
Overfill Inspection (1-3 tanks) 3 Yr

Site Representative Upon Checkin:
Signature:

Monitoring System Issues Observed Upon Arrival:

Dispenser and UST System Issues Observed Upon Arrival:

Dispatch Notes:

Technician Comments:
- Probe and overfill testing completed, all passed.

-----Tank Monitor-----
--Tank_monitors--
#1: - Tested to RP1200 standards.

- All probes were removed and tested for the following alarms;
High Product Level
High High Product Level
High Water Warning
High Water Level

Parts Installed

Qty	Part #	Model	Name	Serial #	Core Retained	Repair Time
1	FUEL	NWT	Fuel Surcharge	null	null	0

Monitoring System Issues Noted at Departure:

Dispenser and UST System Issues Noted at Departure:

Post-Operation Checks

Technician has pumped from each product? N/A
Technician has walked the site for remaining tools and hazards? Yes
Technician Signature:

Have all isolated mechanisms been removed? N/A
Dispensers out of stand-alone? N/A

Site Representative at Checkout:

Monitoring System 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. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information
Facility Contact Person: Zabrina Jones
Make / Model Monitoring System: V-R TLS 450

Company Name: Wilcox and Flegel Oil Company
Site Address: 75754 Rockcrest St
Facility ID:DEQ
Date Of Testing: 11/20/2023
Site Name: Rainier Shell
City, State, ZIP: Rainier, OR 97048
Facility Phone Number: 503-556-2752
Serial #: UNK

B. Inventory of Equipment Tested/Certified

Tank #: 1 Regular	
In-Tank Gauging Probe	TSP-LL2
Annular Space or Vault Sensor:	N/A
Piping Sump / Trench Sensor:	UNK
Fill Sump Sensor:	N/A
Mechanical Line Leak Detector:	N/A
Electronic Line Leak Detector:	N/A
Tank Overfill / High Level Sensor:	OPW 61SO
Other:	

Tank #: 2 Premium	
In-Tank Gauging Probe	TSP-LL2
Annular Space or Vault Sensor:	N/A
Piping Sump / Trench Sensor:	UNK
Fill Sump Sensor:	N/A
Mechanical Line Leak Detector:	N/A
Electronic Line Leak Detector:	N/A
Tank Overfill / High Level Sensor:	OPW 61SO
Other:	

Tank #: 3 Diesel	
In-Tank Gauging Probe	TSP-LL2
Annular Space or Vault Sensor:	N/A
Piping Sump / Trench Sensor:	UNK
Fill Sump Sensor:	N/A
Mechanical Line Leak Detector:	N/A
Electronic Line Leak Detector:	N/A
Tank Overfill / High Level Sensor:	OPW 61SO
Other:	

Dispenser ID:	1/2
Dispenser Containment Sensors Model:	N/A
Shear Valves:	**Floats & Chains:**

Dispenser ID:	3/4
Dispenser Containment Sensors Model:	N/A
Shear Valves:	**Floats & Chains:**

Dispenser ID:	5/6
Dispenser Containment Sensors Model:	N/A
Shear Valves:	**Floats & Chains:**

Dispenser ID:	7/8
Dispenser Containment Sensors Model:	N/A
Shear Valves:	**Floats & Chains:**

Dispenser ID:	9/10
Dispenser Containment Sensors Model:	N/A
Shear Valves:	**Floats & Chains:**

C. Certification

I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report (check all that apply):

Technician Name: Kevin Frisbee
Certification Number:
Expiration Date:
Signature:

Testing Company Name: Northwest Tank & Environmental Services, Inc.
Address: 21120 Hwy 9 SE Woodinville, WA 98072
Date of Testing: 11/20/2023

D. Results of Testing/Service

	Is the audible alarm operational?
	Is the visual alarm operational?
	Were all sensors visually inspected, functionally tested, and confirmed operational?
	If alarms are relayed to a remote monitoring station, is all communications equipment operational?
	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?
N/A	If yes: which sensors initiate positive shut-down?
	Did you confirm positive shut-down due to leaks and sensor failure/disconnection?
Yes	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly?
90%	If so, at what percent of tank capacity does the alarm trigger?
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 E below.
	Was liquid found in any secondary containment systems designed as dry systems?
	If yes, what type of liquid?
	Was monitoring system set-up reviewed to ensure proper settings? Attach setup reports, if applicable.
Yes	Is all monitoring equipment operational per manufacturers specifications?

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

E. Comments

- Tested to RP1200 standards. - All probes were removed and tested for the following alarms; High Product Level High High Product Level High Water Warning High Water Level

State Tank ID	Product	Manual Stick Readings(inches)	Gauge Readings(inches)	Difference
1	Regular			
2	Premium			
3	Diesel			

F. In-Tank Gauging / SIR Equipment

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

Yes	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
Yes	Were all tank gauging probes visually inspected for damage and residue buildup?
Yes	Was accuracy of system product level readings tested?
Yes	Was accuracy of system water level readings tested?
Yes	Were all probes reinstalled properly?
Yes	Were all items on the equipment manufacturer's maintenance checklist completed?

G. Line Leak Detectors (LLD):

N/A	For equipment startup or annual equipment certification, was leak simulated to verify LLD performance?
N/A	Leak Rate
N/A	Were all LLDs confirmed operational and accurate within regulatory requirements?
N/A	Was the testing apparatus properly calibrated?
N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
N/A	Were all items on the equipment manufacturer's maintenance checklist completed?

Monthly Alarm Status Log

Personnel need to be alerted immediately in the event of an alarm. Once an alarm condition exists, documented action must be taken to resolve the issue. The monitor should be inspected per monthly monitoring requirements listed below at least monthly if no alarm conditions exist. These inspections need to be documented. Keep copies of all logs on-site for five years.

Declared primary monthly monitoring method for tanks: N/A- AST -

Declared primary monthly monitoring method for lines: Annual Line Test - Retain Passing Line Test Data for 5 Years

Monitor make/model: V-R TLS 450 **Serial #:** UNK

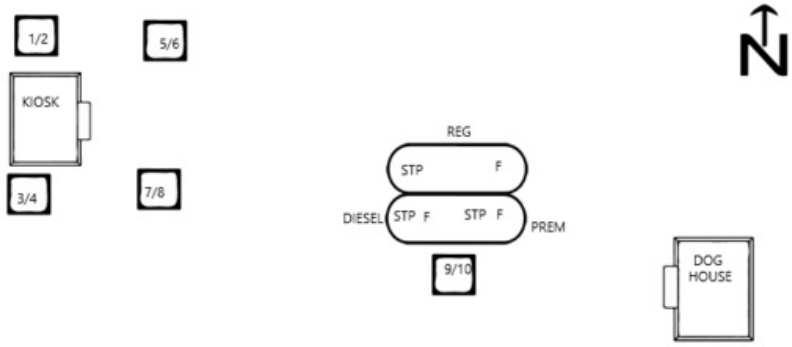
Date of last tank monitor certification: 11/20/2023 **Next Due:** 11/20/2024

Date	Time	Initials	Alarm Description	Alarm Resolution	Monthly Monitoring	Date Cleared	Time Cleared

Site Map

Customer Name: Wilcox and Flegel Oil Company **Site Name:** Rainier Shell

Site Address: 75754 Rockcrest St, Rainier
Job Number: 118057
Facility ID:DEQ



Worker Signatures: I have reviewed and understand the conditions of this permit and its attachments. I will report hazardous conditions or acts identified on this jobs ite to my supervisor or customer representative.	1:  2: 3:

Person In Charge: Kevin Frisbee
Location: Rainier Shell, 75754 Rockcrest St Rainier, OR
Date: 11/20/2023
Time Issued: 11/20/2023 07:08 am
Work Order#: 118057
Time Expires: 11/21/2023 07:08 am
Nearest Hospital: (see hospital map)
Emergency Phone#: 911

REQUIRED PERMITS AND/OR PROCEDURES

[ ] Hot Work
[ ] Excavation Checklist
[ ] Lock-Out Tag-Out
[ ] Pre Entry Checklist
[ ] Confined Space
[ ] One Call
[ ] Hoisting/Rigging
[ ] Management Of Change
[ ] Work Notification
[ ] Other

HAZARDOUS ENERGY LOCK-OUT TAG-OUT (LOTO)- API 1646 Section 12

Has piece of equipment or system been properly isolated? N/A
Has energy isolation been reviewed by all affected workers? N/A
List All Affected Workers:

CONFINED SPACE PRE-ENTRY CHECKLIST / RECLASSIFICATION - API 1646 Section 11

Surrounding areas free of hazards? Yes
Proper notifications made? Yes
Does your knowledge indicate that the area will remain free from all atmoshperic hazards? Yes
Are you trained in confined space entry? Yes
Are you trained in the operation of the air monitor used? Yes
Has the monitor been calibrated before use? Yes
Did you test the atmoshphere in the space before entry? Yes
Did the atmosphere check as acceptable? Yes
Will the atmosphere be continuously monitored? Yes

Sump	Time	Isolation	Lel	Oxygen	Toxicity	Atmosphere	Electrical Loto	Lines Disconnected	Pumps Off	Valves Shut

I ensure this permit has been filled out completely and in conjunction with all applicable OSHA requirements to provide a safe workplace for all workers and myself. I will take action to eliminate hazardous conditions or acts identified on this job site.

Person in Charge Signature: 

Job Clearance Form

Contractor instructions prior to start of work. 1. Review form, check appropriate boxes, read and sign at the bottom of this form. 2. Inform dealer, manager or representative of the job to be performed and potential safety concerns and obtain signature.

Station #:	Station Address:	Work Order Number:	Facility ID:	Date:
Rainier Shell	75754 Rockcrest St, Rainier	118057	DEQ	11/20/2023

Contractor Company Name:	Contact Person in Charge:	Number of Workers:	JFA Reference Number (if required):	Start Time:	End Time:	Labor:	Travel Time:	Travel Distance:
Northwest Tank & Environmental Services, Inc.	Kevin Frisbee					0.00	0.00	0

Problem / Work Description	Return Call: N/A Damage Claim: N/A

PPE REQUIRED (CHECK ALL THAT APPLY AND/OR FILL IN "OTHER" BLANK SPACE)

Safety Vest: Yes	Hard Hat: No	Shoes/Boots: Yes	Hearing Protection: No	Respirator: N/A
Protective Clothing: Yes	Gloves: Yes	Safety glasses/goggles: Yes	Fire Resist Clothing/Welding PPE: N/A	Other:

Contractor to complete section below if circumstances on site or specific to this job may generate additional hazards not described in the JSA.

Task Step	Hazards not covered by JSA	How to reduce or eliminate risk - include extra PPE to be worn
Site Info Work Permit Tank Monitor		

Work documentation requirements: Lower Risk - This form may be used as JSA Medium Risk/Higher Risk - JSA Required Higher Risk - JSA Required and other customer requirements may apply

Examples of higher/medium Risk Tasks:
Hot Work
Excavation Checklist
Lock-Out Tag-Out
Pre Entry Checklist
Confined Space
One Call
Hoisting/Rigging
Management Of Change
Work Notification
Other

This form must be completed for each job and updated and re-signed if circumstances change or additional hazards are identified.

SIGN IN

Operating sites: to be signed by the site representative. Non-Operating sites: to be signed by contractor representative only. Contractor responsibility to inform site of:

Hazards of the job,
Effects on the site or operation,
Any affect to gasoline deliveries,
Energy isolation needed,
Areas to be barricaded for worker/public safety.

Contractor Representative Name	Signature
Kevin Frisbee	
Site Representative Name	Signature
Contractor has discussed Job Clearance Form with me.	

SIGN OUT AND OPERATOR VERIFICATION OF WORK

General safety checks by contractor

Has the work area been left tidy and safe?
Is the site operator aware of status of work including any remaining isolation
Are changes to equipment documented and communicated?
All incidents, near misses, unsafe situations reported?

Contractor Representative Name	Signature
Kevin Frisbee	
Site Representative Name	Signature
Site Representative Comments	

Please refer to work acknowledgement form for a complete list of parts installed.

Permit to Work

Date:	11/20/2023
Job ID:	118057
Facility ID:	DEQ
Company:	Wilcox and Flegel Oil Company
Site:	Rainier Shell
Technician:	Kevin Frisbee

Scope of Work:
Tank Monitor Certification and ATG Probe Inspection
Overfill Inspection (1-3 tanks) 3 Yr

Hazard Analysis:
Hot Work
Excavation Checklist
Lock-Out Tag-Out
Pre Entry Checklist
Confined Space
One Call
Hoisting/Rigging
Management Of Change
Work Notification
Other

Site Evaluation	
E-Stop switch located	Yes
Storm drain(s) located	Yes
Hand/Eyewash facility located	Yes
Identify other contractors	N/A
Identify traffic ingress/egress	Yes
Identify evacuation routes	Yes
Assembly Area:	Corner

Personal Protective Equipment	
First Aid Kit stocked	Yes
Note Depleted Stock:	
Nitrile Gloves	Yes
Safety Vest	Yes
Safety Glasses	Yes
Hard Hat	No
Hearing Protection	No
Knee Pads	Yes
Back Brace	No
Harness / Lanyard	No

Safety Equipment	
Lockout / Tagout	N/A
Oxygen / Vapor Sensor	N/A
Ventilator	N/A
Retrieval Equipment	N/A
Delineators / Perimeter Fencing	Yes
Ground Fault Circuit Interruptor	N/A
20# Fire Extinguisher	Yes
Static Grounds	N/A
Explosion-Proof Pump	N/A
Absorbant Rags	N/A
Communication Equipment (cell phone)	Yes
Scissor Lift**	N/A
** For work above 6', an elevated work permit is required.	
Refer to your Company Safety manual for standard operating procedures and equipment standards. Please contact your immediate supervisor to clarify procedures not covered in your safety manual.	

Pre-Operation Checks	
Ladder Inspection **	N/A
Extension Cord Inspection	N/A
Oxygen / Vapor Sensor Calibrated	N/A
Tools / Equipment in Good Repair	Yes
Equipment Grounding	Yes
Hazard Communication	Yes
** Work cannot be performed on ladder above 6'.	

Pre-Entry Checklist for Confined Space	
Is the sump greater than 5' deep?	N/A
Is there hazardous liquid/vapor present?	N/A
Is there a lack of oxygen within the space?	N/A
IF ANY OF THESE ARE ANSWERED YES A PERMIT MUST BE ISSUED!	

Job Completion Checklist	
Have all isolation mechanisms been removed	N/A
Have you pumped from each product?	N/A
Are all dispensers out of "stand-alone"	N/A
Have you walked the site for tools or hazards?	N/A

Northwest Tank & Environmental Services, Inc.
21120 Hwy 9 SE
Woodinville, WA 98072
PH: (800) 742-9620 FAX: (425) 645-7881
http://www.nwtank.com

Wednesday, May 3, 2023

Wilcox and Flegel Oil Company
Po Box 69
Longview, WA 98632

Rainier Shell
75754 Rockcrest St
Rainier, OR 97048

RE: Job ID 114200

Dear Valued Customer:

The **Official Report** including all test results and any supporting documentation are enclosed. The test data covered in this report are specific to each test conducted. For your convenience, a summary of testing conducted is provided on the report cover page.

Unless stated otherwise, all compliance testing data must be maintained on site for a minimum of **5 years**. Instructions for specific test types may follow.

Please call if you have any questions or require additional information.

Sincerely,

Northwest Tank & Environmental Services, Inc.

Maintain all test reports on-site for a minimum of 5 years.

OFFICIAL REPORT

Test Report For:

Client
Wilcox and Flegel Oil Company
Po Box 69
Longview, WA 98632
Job #: 114200

Site
Rainier Shell
75754 Rockcrest St
Rainier, OR 97048
Facility ID: DEQ

Date Testing Conducted

Thursday April 27, 2023

Testing Summary

Pressure Vacuum Valve Test (3YR)	Pass	Pressure Decay Every 3 Years	Pass
Overfill Inspection (1-3 tanks) 3 Yr	TEST FAILED - ATTENTION REQUIRED	Spill Bucket Testing (1-3) - 3 Year	Pass
Tank Monitor Certification and ATG Probe Inspection	TEST FAILED - ATTENTION REQUIRED	Line Test Annual (1-3 lines)	Pass
Annual Walk Through Inspection	COMPLETE		

Report Analyst: _____ Certified Supervisor: Joshua Montgomery Certificate #: 8201669 - U3

Work Acknowledgement Form

Customer Name: Wilcox and Flegel Oil Company DEQ
Site Name: Rainier Shell
Site Address: 75754 Rockcrest St, Rainier
Job Number: 114200
Ticket / PO#:
Date Of Service: 04/27/2023

Facility ID:

Testing Company: Northwest Tank & Environmental Services, Inc.
Primary Technician: Joshua Montgomery
Address: 21120 Hwy 9 SE
City/State/Zip: Woodinville, WA 98072
PH: (800) 742-9620

Start Time:	12:45 PM	End Time:	2:42 PM	Number of Technicians:	2

Scope of work scheduled:
Pressure Vacuum Valve Test (3YR)
Pressure Decay Every 3 Years
Overfill Inspection (1-3 tanks) 3 Yr
Spill Bucket Testing (1-3) - 3 Year
Tank Monitor Certification and ATG Probe Inspection
Line Test Annual (1-3 lines)
Annual Walk Through Inspection

Site Representative Upon Checkin:
Signature:

Monitoring System Issues Observed Upon Arrival:

Dispenser and UST System Issues Observed Upon Arrival:

Dispatch Notes:

Technician Comments:
-Return visit required for Overfill testing as outside HLA does not work properly.

-----Pressure Decay-----
Comments - -PD tested after probe inspection.
-Reg: After 30 min wait, pressurized system to 2" WC. System held to passing standards. 1.90" WC.
-Prem: After 30 min wait, pressurized system to 2" WC. System held to passing standards. 1.86" WC.

-----Tank Monitor-----
--Tank_monitors--
#1: -Removed all probes and got the following alarms:
-High Water Warining
-High Water Level
-High Product Alarm (Overfill)
-High High Product Alarm

-HLA Overfill fails on all tanks, outside HLA does not work. Monitor goes into overfill when probes are tested.

-Tested 2 vault sensors, both function properly.

Parts Installed

Qty	Part #	Model	Name	Serial #	Core Retained	Repair Time
1	FUEL	NWT	Fuel Surcharge	null	null	0

Monitoring System Issues Noted at Departure:

Dispenser and UST System Issues Noted at Departure:

Post-Operation Checks

Technician has pumped from each product? Yes
Technician has walked the site for remaining tools and hazards? Yes
Technician Signature:

Have all isolated mechanisms been removed? Yes
Dispensers out of stand-alone? N/A

Site Representative at Checkout:

Monitoring System 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. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information
Facility Contact Person: Zabrina Jones
Make / Model Monitoring System: V-R TLS 450

Company Name: Wilcox and Flegel Oil Company
Site Address: 75754 Rockcrest St
Facility ID:DEQ
Date Of Testing: 04/27/2023
Site Name: Rainier Shell
City, State, ZIP: Rainier, OR 97048
Facility Phone Number: 503-556-2752
Serial #: UNK

B. Inventory of Equipment Tested/Certified

Tank #: 1 Regular	
In-Tank Gauging Probe	TSP-LL2
Annular Space or Vault Sensor:	N/A
Piping Sump / Trench Sensor:	UNK
Fill Sump Sensor:	N/A
Mechanical Line Leak Detector:	N/A
Electronic Line Leak Detector:	N/A
Tank Overfill / High Level Sensor:	OPW 61SO
Other:	

Tank #: 2 Premium	
In-Tank Gauging Probe	TSP-LL2
Annular Space or Vault Sensor:	N/A
Piping Sump / Trench Sensor:	UNK
Fill Sump Sensor:	N/A
Mechanical Line Leak Detector:	N/A
Electronic Line Leak Detector:	N/A
Tank Overfill / High Level Sensor:	OPW 61SO
Other:	

Tank #: 3 Diesel	
In-Tank Gauging Probe	TSP-LL2
Annular Space or Vault Sensor:	N/A
Piping Sump / Trench Sensor:	UNK
Fill Sump Sensor:	N/A
Mechanical Line Leak Detector:	N/A
Electronic Line Leak Detector:	N/A
Tank Overfill / High Level Sensor:	OPW 61SO
Other:	

Dispenser ID:	1/2
Dispenser Containment Sensors Model:	N/A
Shear Valves: Yes	**Floats & Chains:** No

Dispenser ID:	3/4
Dispenser Containment Sensors Model:	N/A
Shear Valves: Yes	**Floats & Chains:** No

Dispenser ID:	5/6
Dispenser Containment Sensors Model:	N/A
Shear Valves: Yes	**Floats & Chains:** No

Dispenser ID:	7/8
Dispenser Containment Sensors Model:	N/A
Shear Valves: Yes	**Floats & Chains:** No

Dispenser ID:	9/10
Dispenser Containment Sensors Model:	N/A
Shear Valves: Yes	**Floats & Chains:** No

C. Certification

I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report (check all that apply):

Technician Name: Joshua Montgomery
Certification Number:
Expiration Date:
Signature:

Testing Company Name: Northwest Tank & Environmental Services, Inc.
Address: 21120 Hwy 9 SE Woodinville, WA 98072
Date of Testing: 04/27/2023

D. Results of Testing/Service

Yes	Is the audible alarm operational?
Yes	Is the visual alarm operational?
Yes	Were all sensors visually inspected, functionally tested, and confirmed operational?
Yes	If alarms are relayed to a remote monitoring station, is all communications equipment operational?
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?
N/A	If yes: which sensors initiate positive shut-down?
N/A	Did you confirm positive shut-down due to leaks and sensor failure/disconnection?
No	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly?
N/A	If so, at what percent of tank capacity does the alarm trigger?
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 E below.
Yes	Was liquid found in any secondary containment systems designed as dry systems?
Water	If yes, what type of liquid?
Yes	Was monitoring system set-up reviewed to ensure proper settings? Attach setup reports, if applicable.
No	Is all monitoring equipment operational per manufacturers specifications?

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

E. Comments

-Removed all probes and got the following alarms: -High Water Warining -High Water Level -High Product Alarm (Overfill) -High High Product Alarm -HLA Overfill fails on all tanks, outside HLA does not work. Monitor goes into overfill when probes are tested. -Tested 2 vault sensors, both function properly.

State Tank ID	Product	Manual Stick Readings(inches)	Gauge Readings(inches)	Difference
1	Regular	59	58.27	.73
2	Premium	57	56.43	.57
3	Diesel	57.25	56.88	.37

F. In-Tank Gauging / SIR Equipment

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

Yes	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
Yes	Were all tank gauging probes visually inspected for damage and residue buildup?
Yes	Was accuracy of system product level readings tested?
Yes	Was accuracy of system water level readings tested?
Yes	Were all probes reinstalled properly?
Yes	Were all items on the equipment manufacturer's maintenance checklist completed?

G. Line Leak Detectors (LLD):

N/A	For equipment startup or annual equipment certification, was leak simulated to verify LLD performance?
N/A	Leak Rate
N/A	Were all LLDs confirmed operational and accurate within regulatory requirements?
N/A	Was the testing apparatus properly calibrated?
N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
N/A	Were all items on the equipment manufacturer's maintenance checklist completed?

Monthly Alarm Status Log

Personnel need to be alerted immediately in the event of an alarm. Once an alarm condition exists, documented action must be taken to resolve the issue. The monitor should be inspected per monthly monitoring requirements listed below at least monthly if no alarm conditions exist. These inspections need to be documented. Keep copies of all logs on-site for five years.

Declared primary monthly monitoring method for tanks: N/A- AST -

Declared primary monthly monitoring method for lines: Annual Line Test - Retain Passing Line Test Data for 5 Years

Monitor make/model: V-R TLS 450 **Serial #:** UNK

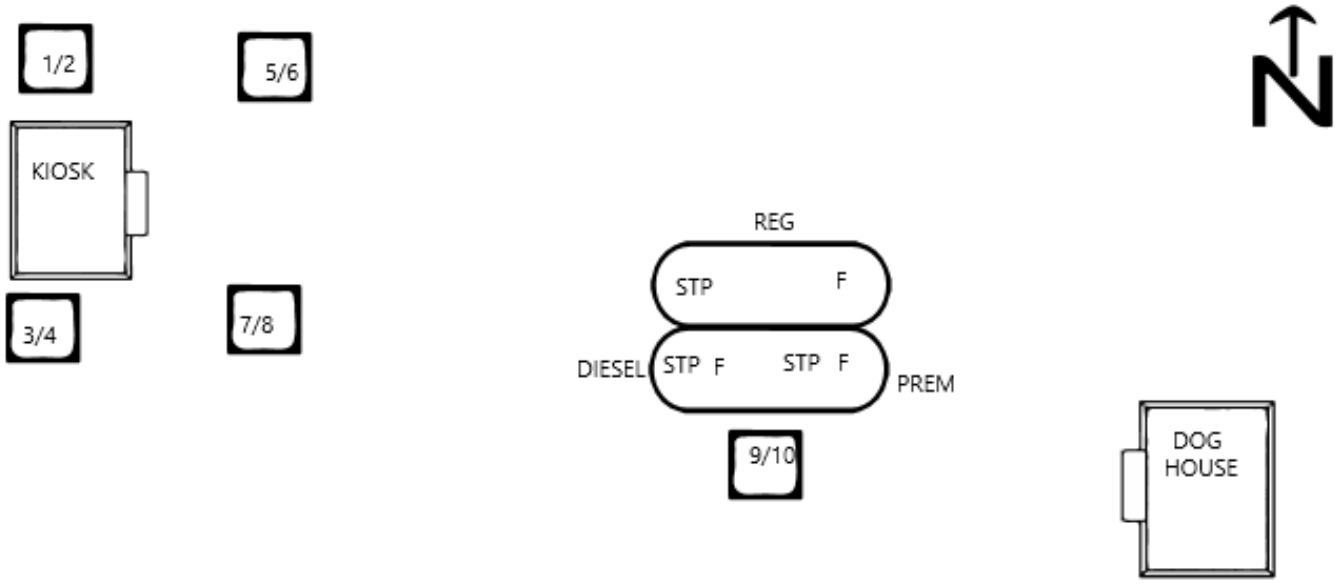
Date of last tank monitor certification: 04/27/2023 **Next Due:** 04/27/2024

Date	Time	Initials	Alarm Description	Alarm Resolution	Monthly Monitoring	Date Cleared	Time Cleared

Site Map

Customer Name: Wilcox and Flegel Oil Company **Site Name:** Rainier Shell

Site Address: 75754 Rockcrest St, Rainier
Job Number: 114200
Facility ID:DEQ



Line Tightness Test Results

Company Name:	Wilcox and Flegel Oil Company	Job ID Number:	114200
Site Name:	Rainier Shell	Technician Name:	Joshua Montgomery
Address:	75754 Rockcrest St Rainier, OR 97048	License Number:	8201669 - U3
Facility ID:	DEQ	Expiration Date:	06/11/2024
Test Date:	04/27/2023		

Line Tightness Test Data

Product:	Regular	Tank ID:	1	Start Time:	13:22
Approx Length:	200	STP MFG:	Red Jacket 3/4 HP	End Time:	13:52
Size:	1.5	Operating Pressure:	33	Total Test Time:	30mins
Line Material:	DWFLX	Test Pressure:	50	Final Leak Rate:	.00000
Wall Type:	Double	Isolation Dispenser:	Impact Valve	Impact Valves Operational:	Yes
Boot Back:	Yes	Isolation Pump:	Ball Valve	Check Valve Location:	N/A
Line Type:	Pressure	Initial Cylinder Level:	0.100	**Result:**	Pass
		Final Cylinder Level:	0.100		

Product:	Premium	Tank ID:	2	Start Time:	13:22
Approx Length:	200	STP MFG:	Red Jacket 3/4 HP	End Time:	13:52
Size:	1.5	Operating Pressure:	33	Total Test Time:	30mins
Line Material:	DWFLX	Test Pressure:	50	Final Leak Rate:	.00000
Wall Type:	Double	Isolation Dispenser:	Impact Valve	Impact Valves Operational:	Yes
Boot Back:	Yes	Isolation Pump:	Ball Valve	Check Valve Location:	N/A
Line Type:	Pressure	Initial Cylinder Level:	0.100	**Result:**	Pass
		Final Cylinder Level:	0.100		

Product:	Premium	Tank ID:	3	Start Time:	13:22
Approx Length:	200	STP MFG:	Red Jacket 3/4 HP	End Time:	13:52
Size:	1.5	Operating Pressure:	33	Total Test Time:	30mins
Line Material:	DWFLX	Test Pressure:	50	Final Leak Rate:	.00000
Wall Type:	Double	Isolation Dispenser:	Impact Valve	Impact Valves Operational:	Yes
Boot Back:	Yes	Isolation Pump:	Ball Valve	Check Valve Location:	N/A
Line Type:	Pressure	Initial Cylinder Level:	0.100	**Result:**	Pass
		Final Cylinder Level:	0.100		

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: Joshua Montgomery
Signature:

Date: 04/27/2023

Pressure Decay Test CARB Test Procedure TP-201.3 or Procedure in CARB Executive Order for Stage 2 Equipment

Company Name:	Wilcox and Flegel Oil Company	Testing Company Name:	Northwest Tank & Environmental Services, Inc.
Site Name:	Rainier Shell	Address:	21120 Hwy 9 SE
Address:	75754 Rockcrest St Rainier, OR 97048	City/State/Zip:	Woodinville, WA 98072
Air Agency Reg#:	DEQ	PH: (800) 742-9620	FAX: (425) 645-7881
Test Date/Time:	04/27/2023 01:00:32 pm		http://www.nwtank.com
Facility ID:	DEQ		
Overall Result	Pass		

Tank Tie Section

Tanks Manifolded?	No
Method used to determine manifold:	Depressed Vapor Adapters during PD test.

Type of Stage 1:	Coaxial	**Type of Stage 2:**	N/A
Total Nozzles:	8	**Tested with vapor cap:**	Off

Tank#	# of Nozzles	Product	Ullage	Tank Total Capacity
1	8	7796	3116	10912.0
2	8	2540	1153	3693.0
	Totals:	**10336.00**	**4269.00**	**14605.00**

Test Results

Allowable Pressure	Duration	1st Reading	2nd Reading	3rd Reading	4th Reading	5th Reading
1.72	5 min	1.98	1.96	1.94	1.92	1.90
1.28	5 min	1.97	1.95	1.92	1.89	1.86

Comments:
-PD tested after probe inspection. -Reg: After 30 min wait, pressurized system to 2" WC. System held to passing standards. 1.90" WC. -Prem: After 30 min wait, pressurized system to 2" WC. System held to passing standards. 1.86" WC.

Person Conducting the test:

Joshua Montgomery		04/27/2023
Print Name	Signature	Date

Tank owner or authorized representative:

Print Name	Signature	Date

TP-201.1E - Pressure/Vacuum (P/V) Vent Valve Data Sheet

Company Name: Wilcox and Flegel Oil Company
Site Name: Rainier Shell
Address: 75754 Rockcrest St Rainier, OR 97048
Facility ID: DEQ

Job ID Number: 114200
Technician Name: Joshua Montgomery
Test Date: 04/27/2023

Manufacturer: Husky Model: 4885	Result: Pass
CP 201 Specified Positive Leak Rate (CFH): .05	CP 201 Specified Negative Leak Rate (CFH): .21
Measured Positive Leak Rate (CFH): .04240	Measured Negative Leak Rate (CFH): .06360
Positive Cracking Pressure (in. H2O): 3.15	Negative Cracking Pressure (in. H2O): 8.33

Manufacturer: Husky Model: 4885	Result: Pass
CP 201 Specified Positive Leak Rate (CFH): .05	CP 201 Specified Negative Leak Rate (CFH): .21
Measured Positive Leak Rate (CFH): .04240	Measured Negative Leak Rate (CFH): .06360
Positive Cracking Pressure (in. H2O): 3.87	Negative Cracking Pressure (in. H2O): 8.89

Manufacturer: Husky Model: 4885	Result: Pass
CP 201 Specified Positive Leak Rate (CFH): .05	CP 201 Specified Negative Leak Rate (CFH): .21
Measured Positive Leak Rate (CFH): .04240	Measured Negative Leak Rate (CFH): .06360
Positive Cracking Pressure (in. H2O): 3.61	Negative Cracking Pressure (in. H2O): 8.53

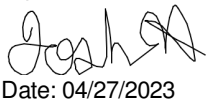
Certificate Of Precision Containment Sump Testing

Company Name:	Wilcox and Flegel Oil Company	Testing Company Name:	Northwest Tank & Environmental Services, Inc.
Site Name:	Rainier Shell	Address:	21120 Hwy 9 SE
Address:	75754 Rockcrest St Rainier, OR 97048	City/State/Zip:	Woodinville, WA 98072
Test Date/Time:	04/27/2023 01:00:32 pm	PH: (800) 742-9620	FAX: (425) 645-7881
Service Order#:	114200		http://www.nwtank.com
Customer PO#:			
Test Method:	Hydrostatic		
Facility ID:	DEQ		

Test #	Component Location	MFR	Start Time	End Time	Start Test (inches)	End Test (inches)	Sump Type	SW or DW Sump/Bucket	DW or SW Lines	Measured Loss	Results
1	Reg	CNI	01:00:39	02:00:39	8.5	8.5	Fill Spill Bucket	SW	DW	0	Pass
2	Plus	CNI	01:00:39	02:00:39	8.5	8.5	Fill Spill Bucket	SW	DW	0	Pass
3	Prem	CNI	01:00:39	02:00:39	8.5	8.5	Fill Spill Bucket	SW	DW	0	Pass
4	Diesel	CNI	01:00:39	02:00:39	8.5	8.5	Fill Spill Bucket	SW	DW	0	Pass

Comments:

Testing performed by: Joshua Montgomery
Signature:



Date: 04/27/2023

Worker Signatures: I have reviewed and understand the conditions of this permit and its attachments. I will report hazardous conditions or acts identified on this jobs ite to my supervisor or customer representative.	1:  2: 3:

Person In Charge: Joshua Montgomery
Location: Rainier Shell, 75754 Rockcrest St Rainier, OR
Date: 04/27/2023
Time Issued: 04/27/2023 12:45 pm
Work Order#: 114200
Time Expires: 04/28/2023 12:45 pm
Nearest Hospital: (see hospital map)
Emergency Phone#: 911

REQUIRED PERMITS AND/OR PROCEDURES

[ ] Hot Work
[ ] Excavation Checklist
[X] Lock-Out Tag-Out
[ ] Pre Entry Checklist
[ ] Confined Space
[ ] One Call
[ ] Hoisting/Rigging
[X] Management Of Change
[X] Work Notification
[ ] Other

HAZARDOUS ENERGY LOCK-OUT TAG-OUT (LOTO)- API 1646 Section 12

Has piece of equipment or system been properly isolated? Yes
Has energy isolation been reviewed by all affected workers? Yes
List All Affected Workers: Joshua Montgomery Kevin Frisbee

CONFINED SPACE PRE-ENTRY CHECKLIST / RECLASSIFICATION - API 1646 Section 11

Surrounding areas free of hazards? Yes
Proper notifications made? Yes
Does your knowledge indicate that the area will remain free from all atmoshperic hazards? Yes
Are you trained in confined space entry? Yes
Are you trained in the operation of the air monitor used? Yes
Has the monitor been calibrated before use? Yes
Did you test the atmoshphere in the space before entry? Yes
Did the atmosphere check as acceptable? Yes
Will the atmosphere be continuously monitored? Yes

Sump	Time	Isolation	Lel	Oxygen	Toxicity	Atmosphere	Electrical Loto	Lines Disconnected	Pumps Off	Valves Shut

I ensure this permit has been filled out completely and in conjunction with all applicable OSHA requirements to provide a safe workplace for all workers and myself. I will take action to eliminate hazardous conditions or acts identified on this job site.

Person in Charge Signature: 

Job Clearance Form

Contractor instructions prior to start of work. 1. Review form, check appropriate boxes, read and sign at the bottom of this form. 2. Inform dealer, manager or representative of the job to be performed and potential safety concerns and obtain signature.

Station #:	Station Address:	Work Order Number:	Facility ID:	Date:
Rainier Shell	75754 Rockcrest St, Rainier	114200	DEQ	04/27/2023

Contractor Company Name:	Contact Person in Charge:	Number of Workers:	JFA Reference Number (if required):	Start Time:	End Time:	Labor:	Travel Time:	Travel Distance:
Northwest Tank & Environmental Services, Inc.	Joshua Montgomery					0.00	0.00	0

Problem / Work Description	Return Call: / Damage Claim:
None.	Return Call: N/A Damage Claim: N/A

PPE REQUIRED (CHECK ALL THAT APPLY AND/OR FILL IN "OTHER" BLANK SPACE)

Safety Vest: Yes	Hard Hat: N/A	Shoes/Boots: Yes	Hearing Protection: N/A	Respirator: N/A
Protective Clothing: Yes	Gloves: Yes	Safety glasses/goggles: Yes	Fire Resist Clothing/Welding PPE: N/A	Other:

Contractor to complete section below if circumstances on site or specific to this job may generate additional hazards not described in the JSA.

Task Step	Hazards not covered by JSA	How to reduce or eliminate risk - include extra PPE to be worn
Pressure Decay Line Test Sump Test Site Info Pressure Vacuum Work Permit Tank Monitor		

Work documentation requirements: Lower Risk - This form may be used as JSA Medium Risk/Higher Risk - JSA Required Higher Risk - JSA Required and other customer requirements may apply

Examples of higher/medium Risk Tasks:
Hot Work
Excavation Checklist
Lock-Out Tag-Out
Pre Entry Checklist
Confined Space
One Call
Hoisting/Rigging
Management Of Change
Work Notification
Other

This form must be completed for each job and updated and re-signed if circumstances change or additional hazards are identified.

SIGN IN

Operating sites: to be signed by the site representative. Non-Operating sites: to be signed by contractor representative only. Contractor responsibility to inform site of:

Hazards of the job,
Effects on the site or operation,
Any affect to gasoline deliveries,
Energy isolation needed,
Areas to be barricaded for worker/public safety.

Contractor Representative Name	Signature
Joshua Montgomery	
Site Representative Name	Signature
Contractor has discussed Job Clearance Form with me.	

SIGN OUT AND OPERATOR VERIFICATION OF WORK

General safety checks by contractor

Has the work area been left tidy and safe?
Is the site operator aware of status of work including any remaining isolation
Are changes to equipment documented and communicated?
All incidents, near misses, unsafe situations reported?

Contractor Representative Name	Signature
Joshua Montgomery	
Site Representative Name	Signature
Site Representative Comments	

Please refer to work acknowledgement form for a complete list of parts installed.

Permit to Work

Date:	04/27/2023
Job ID:	114200
Facility ID:	DEQ
Company:	Wilcox and Flegel Oil Company
Site:	Rainier Shell
Technician:	Joshua Montgomery

Scope of Work:
Pressure Vacuum Valve Test (3YR)
Pressure Decay Every 3 Years
Overfill Inspection (1-3 tanks) 3 Yr
Spill Bucket Testing (1-3) - 3 Year
Tank Monitor Certification and ATG Probe Inspection
Line Test Annual (1-3 lines)
Annual Walk Through Inspection

Site Evaluation	
E-Stop switch located	Yes
Storm drain(s) located	Yes
Hand/Eyewash facility located	Yes
Identify other contractors	N/A
Identify traffic ingress/egress	Yes
Identify evacuation routes	Yes
Assembly Area:	Car Wash

Hazard Analysis:
Hot Work
Excavation Checklist
Lock-Out Tag-Out
Pre Entry Checklist
Confined Space
One Call
Hoisting/Rigging
Management Of Change
Work Notification
Other

Personal Protective Equipment	
First Aid Kit stocked	Yes
Note Depleted Stock:	
Nitrile Gloves	Yes
Safety Vest	Yes
Safety Glasses	Yes
Hard Hat	N/A
Hearing Protection	N/A
Knee Pads	Yes
Back Brace	N/A
Harness / Lanyard	N/A

Safety Equipment	
Lockout / Tagout	Yes
Oxygen / Vapor Sensor	N/A
Ventilator	N/A
Retrieval Equipment	N/A
Delineators / Perimeter Fencing	Yes
Ground Fault Circuit Interruptor	Yes
20# Fire Extinguisher	Yes
Static Grounds	N/A
Explosion-Proof Pump	N/A
Absorbant Rags	N/A
Communication Equipment (cell phone)	Yes
Scissor Lift**	N/A
** For work above 6', an elevated work permit is required.	
Refer to your Company Safety manual for standard operating procedures and equipment standards. Please contact your immediate supervisor to clarify procedures not covered in your safety manual.	

Pre-Operation Checks	
Ladder Inspection **	Yes
Extension Cord Inspection	Yes
Oxygen / Vapor Sensor Calibrated	N/A
Tools / Equipment in Good Repair	Yes
Equipment Grounding	N/A
Hazard Communication	Yes
** Work cannot be performed on ladder above 6'.	

Pre-Entry Checklist for Confined Space	
Is the sump greater than 5' deep?	N/A
Is there hazardous liquid/vapor present?	N/A
Is there a lack of oxygen within the space?	N/A
IF ANY OF THESE ARE ANSWERED YES A PERMIT MUST BE ISSUED!	

Job Completion Checklist	
Have all isolation mechanisms been removed	Yes
Have you pumped from each product?	Yes
Are all dispensers out of "stand-alone"	N/A
Have you walked the site for tools or hazards?	N/A

Testing and Inspection Certificate

Tanknology Inc.
11000 North MoPac Expressway, Suite 500, Austin, TX 78759
800-800-4633 www.tanknology.com

Test Date	10/4/2024	Tanknology WO#	NW1-2375890
Test Purpose	COMPLIANCE	Customer PO#	

Customer

WILCOX AND FLEGEL
P.O. BOX 69
LONGVIEW, WA 98632

Attn: Zabrinna Coleman
(360) 957-2066

Location

Pacific Pride Cardlock - Rainier (Cardlock-Rainie)
75719 Rockcrest
Rainier, OR 97048

Attn:
()

Test / Inspection Description	Item Tested	Date Tested	Result
Acurite Line Test	See test report for details	10/4/2024	Pass
Line Leak Detector (3 GPH)	Tank Diesel Line 1 Diesel	10/4/2024	Pass
Line Leak Detector (3 GPH)	Tank Regular Line 1 REGULAR	10/4/2024	Pass
Line Leak Detector (3 GPH)	Tank OR Diesel Line 1 Off Road Diesel	10/4/2024	Pass
Leak Detection Monitoring System Inspection	See test report for details	10/4/2024	Pass
Cathodic Protection Survey		10/4/2024	P
Tank Cathodic Protection	1	10/4/2024	P
Tank Cathodic Protection	2	10/4/2024	P
Tank Cathodic Protection	3	10/4/2024	P

Tanknology Representative: Neil Rosenkranz
Telephone: ()

Technician: Joshua Montgomery
Technician Certification: (See forms)

Tanknology
Your Compliance Expert.

VOLUMETRIC LINE TEST

All testing and servicing is conducted per the manufacturer's instructions and/or specifications.

SITE: State ID # Owner Cardlock-Rainie Facility Pacific Pride ~~Cardlock - Rainier~~

WILCOX AND FLEG
75719 Rockcrest
Rainier OR
97048

DATE: 10/04/2024
CONTACT: Zabrinna Coleman
PHONE: 360-957-2066
JOB #: NW1-2375890

Test Number	1	1	1	
Sump Pump #	1	6	5	
Product	Diesel	Regular	OR Diesel	
Manufacturer	Gas Boy	Gas Boy	Gas Boy	
Isolation (pump)	Isolation Plug	Isolation Plug	Check Valve	
Isolation (disp.)	Impact Valve	Impact Valve	Impact Valve	
Test Pressure	50	50	50	
Initial Cyl. Level	0.100	0.100	0.100	
Final Cyl. Level	0.100	0.100	0.100	
Begin Time	0851	0851	0851	
End Time	0921	0921	0921	
Change in Time	30	30	30	
Change in Volume	0	0	0	
Leak Rate	0	0	0	
Pass/Fail	Pass	Pass	Pass	
Line Test Method	Acurite	Acurite	Acurite	

Technician Joshua Montgomery **Signature**

Certification # 5153.LTN **Exp Date** 02/01/2026

Comments:

Tanknology

LDT 5000 Field Test Apparatus
Line Leak Detector Test

Work Order: 2375890 Date: 10/4/2024
Site Name / ID: Pacific Pride Cardlock - Rainier / Cardlock-Rainie
Address: 75719 Rockcrest
City: Rainier State: OR Zip: 97048

Tank ID	1	2	3			
Product	Diesel	REGULAR	Off Road Diesel			
Product Line	1	1	1			
Tested From	1	6	5			
Existing/New	Existing	Existing	Existing			
Mechanical/Electronic	Mechanical	Mechanical	Mechanical			
Manufacturer/Model	Vaporless LD-2000	FE Petro MLD	Vaporless LD-2000			
Serial No.	UNK	UNK	UNK			
Pump Operating Pressure (psi)	27.00	27.00	28.00			
Calibrated Leak (ml/min)	189.3	189.3	189.3			
Calibrated Leak (gph)	3.00	3.00	3.00			
Holding PSI *N/A for Electronic LD's	27.00	26.00	28.00			
Resiliency (ml) *N/A for Electronic LD's	100.00	175.00	100.00			
Metering PSI *N/A for Electronic LD's	18	12	20			
Opening Time (sec) *N/A for Electronic LD's	2	1	1			
Test Results	Pass	Pass	Pass			

Technician Comments:

Technician Name: Joshua Montgomery **Certification #:** 3636

Technician Signature: **Expire Date:** 2/21/2025

Environmental Compliance for Petroleum Systems

MONITORING SYSTEM CERTIFICATION

This form is used to document testing and servicing of tank and piping leak monitoring equipment. If required by applicable law, a copy of the completed form must be provided by the Testing Contractor or owner to the governing UST agency as required by regulation.

A. General Information

Facility Name: Pacific Pride Cardlock - Rainier   Bldg. No.:

Site Address: 75719 Rockcrest   City: Rainier   State: OR   Zip: 97048

Facility Contact Person: Contact Phone No.: -

Make/Model of Monitoring System: Veeder Root TLS-350   Date of Testing/Servicing: 10/4/2024

B. Inventory of Equipment Tested/Certified Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: 1 - Diesel	Model	**Tank ID:** 3 - Off Road Diesel	Model
☑ In-Tank Gauging Probe.	846390-101	☑ In-Tank Gauging Probe.	846390-101
☐ Annular Space or Vault Sensor.		☐ Annular Space or Vault Sensor.	
☐ Piping Sump / Trench Sensor(s).		☐ Piping Sump / Trench Sensor(s).	
☐ Fill Sump Sensor(s).		☐ Fill Sump Sensor(s).	
☑ Mechanical Line Leak Detector.	Vaporless LD-2000	☑ Mechanical Line Leak Detector.	Vaporless LD-2000
☐ Electronic Line Leak Detector.		☐ Electronic Line Leak Detector.	
☐ Tank Overfill / High-Level Sensor.		☐ Tank Overfill / High-Level Sensor.	
☐ Other (specify equipment type and model in Section E on Page 2).		☐ Other (specify equipment type and model in Section E on Page 2).	

Tank ID: 2 - REGULAR	Model	**Tank ID:**	Model
☑ In-Tank Gauging Probe.	846390-101	☐ In-Tank Gauging Probe.	
☐ Annular Space or Vault Sensor.		☐ Annular Space or Vault Sensor.	
☐ Piping Sump / Trench Sensor(s).		☐ Piping Sump / Trench Sensor(s).	
☐ Fill Sump Sensor(s).		☐ Fill Sump Sensor(s).	
☑ Mechanical Line Leak Detector.	FE Petro MLD	☐ Mechanical Line Leak Detector.	
☐ Electronic Line Leak Detector.		☐ Electronic Line Leak Detector.	
☐ Tank Overfill / High-Level Sensor.		☐ Tank Overfill / High-Level Sensor.	
☐ Other (specify equipment type and model in Section E on Page 2).		☐ Other (specify equipment type and model in Section E on Page 2).	

Dispenser ID:	Model	**Dispenser ID:**	Model
☐ Dispenser Containment Sensor(s).		☐ Dispenser Containment Sensor(s).	
☐ Shear Valve(s).		☐ Shear Valve(s).	
☐ Dispenser Containment Float(s) and Chain(s).		☐ Dispenser Containment Float(s) and Chain(s).	

Dispenser ID:	Model	**Dispenser ID:**	Model
☐ Dispenser Containment Sensor(s).		☐ Dispenser Containment Sensor(s).	
☐ Shear Valve(s).		☐ Shear Valve(s).	
☐ Dispenser Containment Float(s) and Chain(s).		☐ Dispenser Containment Float(s) and Chain(s).	

Dispenser ID:	Model	**Dispenser ID:**	Model
☐ Dispenser Containment Sensor(s).		☐ Dispenser Containment Sensor(s).	
☐ Shear Valve(s).		☐ Shear Valve(s).	
☐ Dispenser Containment Float(s) and Chain(s).		☐ Dispenser Containment Float(s) and Chain(s).	

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; *(check all that apply)*: ☑ System set-up ☑ Alarm history report

Technician Name (print): Joshua Montgomery   Signature: [signature]

Certification No.: B48835   License. No.:

Testing Company Name: Tanknology   Phone No.: (800) 800-4633

Testing Company Address: 11000 N. MoPac Expressway Suite 500   Date of Testing/Servicing: 10/4/2024

D. Results of Testing/Servicing

Software Version Installed: _____

Complete the following checklist:

☑ Yes	☐ No* ☐ N/A	Is the **visual** alarm on the console operational?
☑ Yes	☐ No* ☐ N/A	Is the **audible** alarm on the console operational?
☐ Yes	☑ No	Is the external **visual** overfill alarm (light unit) present?
☐ Yes	☐ No* ☑ N/A	Is the external **visual** overfill alarm operating properly?
☑ Yes	☐ No	Is the external **audible** overfill alarm present?
☑ Yes	☐ No* ☐ N/A	Is the external **audible** overfill alarm operating properly?
90 %	☐ N/A	At what percent of tank(s) capacity is the external alarm programmed to trigger? *If different % between tanks, clarify in section E.*
☐ Yes	☐ No* ☑ N/A	Were all sensors visually inspected, functionally tested, and confirmed operational?
☐ Yes	☐ No* ☑ N/A	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☑ N/A	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 shut-down? *(Check all that apply)* ☐ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☐ Yes; ☐ No
☐ Yes*	☑ 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 E, below.
☐ Yes*	☑ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☑ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☑ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments:

-Removed all probes and got the following alarms:
-High Water Warning
-High Water Alarm
-Overfill Alarm
-High Product Alarm

-Backup battery is operational, 3.6v.

-No sensors on site.

F. 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.

Complete the following checklist:

☑ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☑ Yes	☐ No*	Was accuracy of system product level readings tested?
☑ Yes	☐ No*	Was accuracy of system water level readings tested?
☑ Yes	☐ No*	Were all probes reinstalled properly?
☑ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

G. Comments:

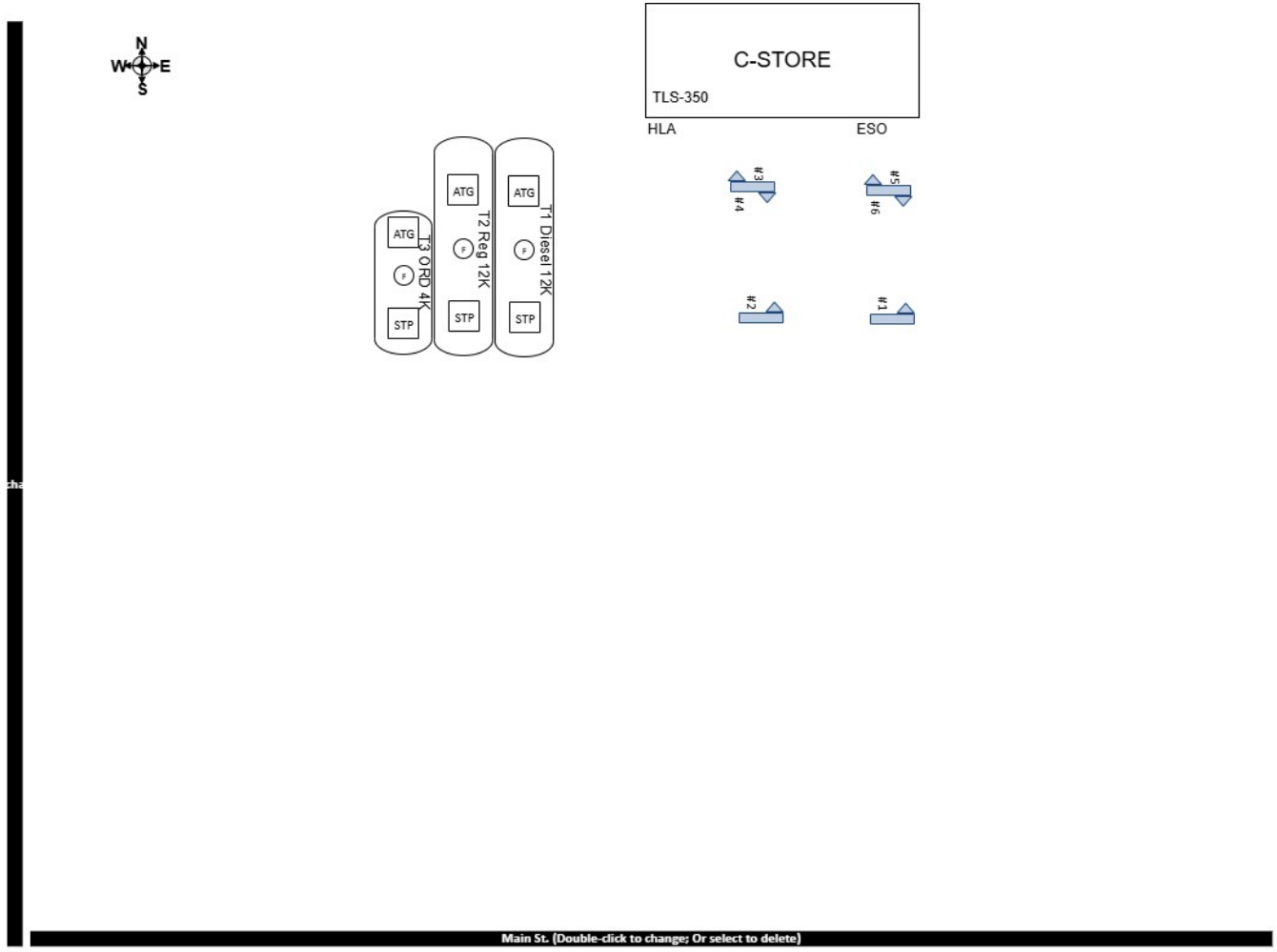
DID OVERALL MONITOR SYSTEM TESTING PASS (Check One)? YES☑ NO ☐ INCONCLUSIVE ☐

Site Diagram

(This site diagram is for reference only and is not drawn to scale)

Work Order:	2375890
Site ID / Name:	Cardlock-Rainie / Pacific Pride Cardlock - Rainier
Address:	75719 Rockcrest
City:	Rainier

State: OR Zip: 97048



State of Oregon Department of Environmental Quality

UST Monthly/Annual Walkthrough Inspection Checklist

Year: 20234

Facility Name: Pacific Pride Rainier	Permittee:
Facility Address: 75719 Rockcrest St, Rainier, OR, 97048	Permittee Address:
Registration Certificate Number: 5-6109-2024-OPER	Contact Number:

Instructions

1. Initial each box to indicate the equipment was inspected. Use N/A if inspection item does not apply to this facility.
2. Take appropriate actions for any alarms, damaged equipment, and/or abnormal operating conditions. List actions taken on page 2 of this form. As per OAR 340-150-0500 all suspected releases must be reported to DEQ within 24 hours of discovery.
3. This record must be maintained for one year and shall be available for DEQ review upon request per OAR 340-150-0315.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date of Inspection										4th		
Required Monthly Inspections												
Spill Bucket/s: Checked for damage and removed any liquids or debris. **Dispose Of Material Responsibly**												
***If Double walled Spill Bucket/s:** Also checked for damage and and leaks in the interstitial area.												
Fill Cap/s: Checked for secure fit, locking mechanism operation, and integrity of seals.												
Fill Pipe/s: Checked for any obstructions or foreign objects in pipe, pipe is intact and undamaged.												
Tank Monitoring Equipment: Checked for normal operation, with no active alarms. **Record All Alarms**												
Tank Monitoring Records: Ensure records of release detection tests are reviewed and current.												
Recommended Monthly Actions												
Inspect Ancillary Equipment: Checked for loose fittings, leaks, or any disfunction of dispensers.												
Emergency Spill Response Supplies: All supplies are available and are in working condition.												

Required Annual Inspections	Date:	Initials
Containment Sumps: Checked for damage and leaks. Removed any liquids or debris.	10-4-24	JM
Hand held release detection equipment: Check for operability and serviceability.	N/A	N/A
***3-Year Testing: Spill Prevention Equipment, Overfill Prevention, Cathodic Protection. Date of last test**	10-5-23	JM

DEQ Administrative Offices

Portland Office: 700 NE Multnomah Street, Suite 600, Portland, OR 97232-4100. **Phone:** 503-229-5696
Bend Office: 475 NE Bellevue Drive, Suite 110, Bend, OR 97701. **Phone:** 541-388-6146
Pendleton Office: 800 SE Emigrant Ave, Suite 330, Pendleton, OR 97801 **Phone:** 541-276-4063
The Dalles Office: 400 E Scenic Drive, Suite 307, The Dalles, OR 97058. **Phone:** 541-298-7255
Salem Office: 4026 Fairview Industrial Drive SE Salem , OR 97302. **Phone:** 503-378-8240
Coos Bay Office: 381 N Second Street Coos Bay, OR 97420. **Phone:** 541-269-2721
Medford Office: 221 Stewart Avenue, Suite 201, Medford, OR 97501. **Phone:** 541-776-6010
Eugene Office: 165 East 7th Avenue, Suite 100: Eugene, OR 97401. **Phone:** 541-686-7838

State of Oregon
Department of
Environmental Quality

UST Monthly/Annual
Walkthrough Inspection Checklist

Date	Action taken	Initials

Impressed Current Cathodic Protection Evaluation

I. UST Facility	II. UST Owner
Facility Compliance Tag#: 6109 UBI#: 600 167 621 Facility Name: Pacific Pride Cardlock - Rainier Address:75719 Rockcrest City: Rainier County: Columbia State: OR ZIP Code: 97048-2403 Phone:	Name: Wilcox and Flegel Oil Company Address:Po Box 69 City: Longview State:WA Phone: (360) 880-4907
	III. CP Tester
	Tester's Name: Joshua Montgomery Company Name: Northwest Tank & Environmental Services, Inc. Address: 21120 Hwy 9 SE City: Woodinville State: WA Phone: (800) 742-9620 Certification Type: STI Cathodic Protection ICBO U4
IV. Cathodic Protection Tester's Evaluation	
Pass	Criteria that are used to determine that cathodic protection is adequate as required by the Washington State Underground Storage Tank Regulations shall be in accordance with a code of practice developed by a nationally recognized association (i.e. NACE)
CP Tester's Signature: 	Date CP Survey Performed: 10/04/2024
V. Retrofit or Repair Design	
All retrofitting or repairs to CP systems shall be designed by a corrosion expert. Attach a copy of both the design of the retrofit or repair, and a copy of the Underground Storage Tank Retrofit and Repair checklist. All UST systems that have undergone a retrofit or repair shall be tested when they are installed, and again within one and six months of installation.	
CP Experts Name: Nationally Recognized Organization: Corrosion Expert's Signature:	Company: Certification Number: Date:
VI. Criteria Applicable to Evaluation	
Continuity Survey: COMPLETE	All USTs must show continuity using an approved testing method
850 Instant Off **Tanks:** Pass, **Components:** 1 **Piping:** N/A, **Components:** N/A **Other:** N/A , **Components:** N/A	A negative polarized potential of at least -850 mV relative to a saturated copper-copper sulfate reference electrode (Instant Off Potential)
100 mV Pol. **Tanks:** Pass, **Components:** 2 **Piping:** N/A, **Components:** N/A **Other:** N/A, **Components:** N/A	A minimum of 100 mV cathodic polarization between the structure surface and a stable reference electrode contacting the electrolyte.
VII. Action Required as a Result of this Evaluation	
NONE	

Remarks: (Include type of gear ex: Multimeter, Interruptor Cycle):
-Wire reel, aligator clip, reference cell, multi meter.

VIII. Impressed Current Rectifier Data

Rectifier Manufacturer	Goodall	Rectifier Model Number	SSAVSA 24-3 ENZ
Rated DC Output	24 Volts 8 Amps	Rectifier Serial Number	88X1152

Rectifier "As Found" Data

(*) AC Input Voltage	N/A Volts	DC Voltage on Panel Meter	N/A Volts
(*) AC Step-Down Voltage	N/A Volts	DC Voltage on Rectifier Output Terminal	13.27
Tap Settings	C - 1 F - 5	DC Amps on Panel Meter	2.25 Amps
(*) Cycles	Secondary Taps: N/AHz DC Output: N/AHz	* Shunt Rating * Shunt Measurement DC Amps from Shunt Reading	.2 14.6mV 2.92

Rectifier "As Left" Data

(*) AC Input Voltage	N/A Volts	DC Voltage on Panel Meter	N/A Volts
(*) AC Step-Down Voltage	N/A Volts	DC Voltage on Rectifier Output Terminal	13.27
Tap Settings	C - 1 F - 5	DC Amps on Panel Meter	2.25 Amps
(*) Cycles	Secondary Taps: N/AHz DC Output: Hz	* Shunt Rating * Shunt Measurement DC Amps from Shunt Reading	.2 14.6mV 2.92

60-Day Record of Rectifier Operation

UST Owner			UST Facility		
Name: Wilcox and Flegel Oil Company			Name: Pacific Pride Cardlock - Rainier		
Address: Po Box 69			Address: 75719 Rockcrest		
City: Longview	State: WA	ZIP: 98632	City: Rainier	State: OR	ZIP: 97048-2403

Rectifier Manufacturer	Goodall	Rectifier Model Number	SSAVSA 24-3 ENZ
Rated DC Output	24 Volts 8 Amps	Rectifier Serial Number	88X1152

Last Complete System Test by Certified CP Tester: 10/04/2024 Next Due Date: 10/04/2027
Meter readings on 10/04/2024: Volts: N/A Amps: 2.25

"As designed" or most recently recommended rectifier range.

Volts	0 to 0	Amps	1.8 to 2.7

!! If Volt/Amp readings recorded below are out of recommended ranges, contact Northwest Tank & Environmental Services, Inc..

Date Inspected	Rectifier on	Tap Settings	Volts	Amps	Hour Meter	Inspector Initials	Comments

Place this sheet on or near the rectifier. Fill out at least every 60 days to remain compliant with EPA and local UST regulations.

IX. Individual Anode Data

(Complete only if anode measurements can be taken independently)

Anode #	"As Found" Volts	"As Found" Amps	"As Left" Volts	"As Left" Amps
N/A	N/A	N/A	N/A	N/A

Impressed Current Cathodic Protection System Continuity Survey							
Structure "A"	**Structure "B"**	**Point "A" to Point "B" or Fixed Cell Location > 30'**	**Structure "A" Fixed Voltage - > 30'**	**Structure "B" Fixed Voltage - > 30'**	**Point to Point or Fixed Voltage Difference**	**Continuous or Isolated**	**Method and Standard Used (e.g. RP -0285, R051)**
1 (Tank)	ATG Riser	000				Continuous	Pt to Pt RP-0285
1 (Tank)	Fill Riser	000				Continuous	Pt to Pt RP-0285
1 (Tank)	ATP Riser	001				Continuous	Pt to Pt RP-0285
2 (Tank)	ATG Riser	000				Continuous	Pt to Pt RP-0285
2 (Tank)	Fill Riser	001				Continuous	Pt to Pt RP-0285
2 (Tank)	STP Riser	000				Continuous	Pt to Pt RP-0285
3 (Tank)	ATG Riser	002				Continuous	Pt to Pt RP-0285
3 (Tank)	Fill Riser	000				Continuous	Pt to Pt RP-0285
3 (Tank)	STP Riser	001				Continuous	Pt to Pt RP-0285

Impressed Current Cathodic Protection System Survey								
Structure	**Contact Point**	**Half Cell Location**	**Local Voltage (On)**	**Local Voltage (Instant Off)**	**Local Voltage (Depolarized)**	**Voltage Change**	**Pass or Fail**	**Method and Standard Used (e.g. RP -0285, R051)**
1 (Tank)	Inside of Tank	1	-597	-487	-362	125.0	Pass	100 MV Pol RP-0285
1 (Tank)	Inside of Tank	2	-688	-575	-411	164.0	Pass	100 MV Pol RP-0285
1 (Tank)	Inside of Tank	3	-1289	-936	-802	134.0	Pass	100 MV Pol RP-0285
2 (Tank)	Inside of Tank	4	-651	-605	-344	261.0	Pass	100 MV Pol RP-0285
2 (Tank)	Inside of Tank	5	-825	-727	-402	325.0	Pass	100 MV Pol RP-0285
2 (Tank)	Inside of Tank	6	-1308	-936	-815	121.0	Pass	100 MV Pol RP-0285
3 (Tank)	Inside of Tank	7	-1008	-864			Pass	-850 I/O RP-0285
3 (Tank)	Inside of Tank	8	-1203	-945			Pass	-850 I/O RP-0285
3 (Tank)	Inside of Tank	9	-1525	-1125			Pass	-850 I/O RP-0285

Tanknology Inc.

11000 N. MoPac Expressway, Suite 500 Austin, TX 78759 (800) 964-0010

JOB CLEARANCE FORM & SITE SAFETY CHECKLIST – OVF

Policy 100-29-A
Rev: H
Revised: 6/25/2022

Site Name/#:	Street Address:	W.O. #
Rainier Pac Pride	75719 Rock Crest St	2375890

Arrival Time:	Departure Time:	Travel Time:	Others on site:	Date
0753	1016			10-4-24

Scope of Work and Tasks Performed (JSA's must be available for all tasks): Testing

Repairs to Equipment or Parts Provided: NA

Follow-up actions required, equipment isolated; comments: NA

PPE - PERSONAL PROTECTIVE EQUIPMENT REQUIRED (Check ✓ items used or mark ~ if not applicable)

✓ Safety Vest/Shirt (all jobs)	✓ Gloves (all jobs)	☐ Splash Goggles (if needed)	✓ Hearing Protection (if needed)
✓ Safety Toe Boots (all jobs)	✓ Safety Glasses (all jobs)	✓ Hard Hat (if needed)	✓ Other _____

✓ PRE-TEST PROCEDURES (Check ✓ each item completed or mark ~ if not applicable)

1. ✓ Discuss safety procedures with site personnel. Nearest hospital: _____
2. ✓ Get ATG printout & check fuel/water levels. Prior to fuel delivery the system must be placed back into working order.
3. ✓ Barricade work area (cones, flags, bars/tape) and place Fire Extinguishers & "No Smoking" Signs at perimeter.
4. ✓ Confined Space Entry – If required complete separate CSE Checklist. If NO CSE check the following reason:
   ☐ No CS's ☐ CS's not opened ☐ No entry only visual ☐ No entry - used tools ☐ Work from prone position w/o risk of falling in
5. ✓ Implement Lockout/Tagout per API 1646 (when accessing product piping during tasks)
   - ☐ Secure nozzles with "Out of Service" bags and nylon ties.
   - ☐ Secure the circuit breaker(s) with lockout devices and tags.
   - ☐ Close ball valves or check valves on product piping.
   - ☐ Disconnect electrical "bayonet" connector from the STP(s).
   - ☐ All applicable equipment disabled during test(s).
   - ✓ **Verify LOTO is complete by trying to operate pumps.**

SIGN IN	Lead Technician Name	Lead Technician Signature
General Safety Checks: All site personnel have been informed. Is a fuel delivery due today? NO LOTO procedures have been discussed. Work areas barricaded to protect workers, staff & public.	Josh Montgomery	Josh
	Site Representative Name: NA	Site Representative Signature: NA

✓ POST-TEST PROCEDURES (Check ✓ each item completed or mark ~ if not applicable)

1. ✓ Remove all "Lockout/Tagout" devices and nozzle bags/ties.
2. ✓ Run all pumps and verify there are no leaks:
   - ☐ Leak Detector & Vent Tubes
   - ☐ Impact Valve Test Ports under dispensers
   - ☐ STP Functional Elements & Relief Screws
3. ✓ Get ATG printout. Confirm water levels same as start or explain difference: _____
4. ✓ Check following components operational:
   - ☐ ATG probes, sensors, & caps
   - ☐ Ball floats, dry breaks & caps
   - ☐ Containment sumps are dry
   - ☐ Manhole covers and sump lids
   - ☐ Spill containers & drain valves
   - ☐ Drop tubes, flapper valves, fill adapters & caps
   - ☐ Shear valves are open
   - ☐ Dispensers & POS operational
   - ☐ Dispenser panels are replaced
   - ☐ Vents & Extractors (not capped, plugged or isolated)
   - ☐ Cathodic protection operational
   - ☐ Siphon lines and manifold valves open
5. ✓ Remove barricades.

SIGN OUT & Operator Verification of Work (OVF)	Lead Technician Name	Lead Technician Signature
General Safety Checks: Work area has been left clean & safe. Site staff aware of work status including any remaining isolation. Changes to equipment are documented and communicated. All incidents, near incidents, and unsafe situations reported.	Josh Montgomery	Josh
	Site Representative Name: NA	Site Representative Signature: NA

Site Representative Comments:

PACIFIC PRIDE
75719 ROCKCREST
RAINIER OR 97048

OCT 4. 2024 8:15 AM

SYSTEM STATUS REPORT
ALL FUNCTIONS NORMAL

PACIFIC PRIDE
75719 ROCKCREST
RAINIER OR 97048

OCT 4. 2024 8:15 AM

SYSTEM STATUS REPORT
ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:LO SULFER DIESEL
VOLUME = 8316 GALS
ULLAGE = 3467 GALS
90% ULLAGE= 2288 GALS
TC VOLUME = 8291 GALS
HEIGHT = 63.14 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 66.5 DEG F

T 2:UNLEADED
VOLUME = 4081 GALS
ULLAGE = 7702 GALS
90% ULLAGE= 6523 GALS
TC VOLUME = 4057 GALS
HEIGHT = 35.92 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 68.2 DEG F

T 3:HIGH SUL DIESEL
VOLUME = 2430 GALS
ULLAGE = 1576 GALS
90% ULLAGE= 1175 GALS
TC VOLUME = 2422 GALS
HEIGHT = 44.39 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 66.4 DEG F

* * * * * END * * * * *

PACIFIC PRIDE
75719 ROCKCREST
RAINIER OR 97048

OCT 4. 2024 10:18 AM

SYSTEM STATUS REPORT
ALL FUNCTIONS NORMAL

PACIFIC PRIDE
75719 ROCKCREST
RAINIER OR 97048

OCT 4. 2024 10:18 AM

SYSTEM STATUS REPORT
ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:LO SULFER DIESEL
VOLUME = 8300 GALS
ULLAGE = 3483 GALS
90% ULLAGE= 2304 GALS
TC VOLUME = 8275 GALS
HEIGHT = 63.03 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 66.5 DEG F

T 2:UNLEADED
VOLUME = 4074 GALS
ULLAGE = 7709 GALS
90% ULLAGE= 6530 GALS
TC VOLUME = 4050 GALS
HEIGHT = 35.88 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 68.2 DEG F

T 3:HIGH SUL DIESEL
VOLUME = 2435 GALS
ULLAGE = 1571 GALS
90% ULLAGE= 1170 GALS
TC VOLUME = 2428 GALS
HEIGHT = 44.47 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 66.5 DEG F

* * * * * END * * * * *

SYSTEM SETUP

OCT 4. 2024 10:18 AM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS xM

PACIFIC PRIDE
75719 ROCKCREST
RAINIER OR 97048

SHIFT TIME 1 : 12:00 AM
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN
DISABLED
TANK ANN TST NEEDED WRN
DISABLED

LINE RE-ENABLE METHOD
PASS LINE TEST

LINE PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TC VOLUMES
ENABLED

TEMP COMPENSATION
VALUE (DEG F): 60.0
STICK HEIGHT OFFSET
DISABLED

H-PROTOCOL DATA FORMAT
HEIGHT
DAYLIGHT SAVING TIME
ENABLED
START DATE
APR WEEK 1 SUN
START TIME
2:00 AM
END DATE
OCT WEEK 6 SUN
END TIME
2:00 AM

RE-DIRECT LOCAL PRINTOUT
DISABLED

EURO PROTOCOL PREFIX
S

SYSTEM SECURITY
CODE : 000000

CUSTOM ALARM LABELS
DISABLED

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 2 (RS-232)
BAUD RATE : 9600
PARITY : NONE
STOP BIT : 1 STOP
DATA LENGTH: 8 DATA
RS-232 SECURITY
CODE : DISABLED

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT
DISABLED
AUTO HIGH WATER LIMIT
DISABLED
AUTO OVERFILL LIMIT
DISABLED
AUTO LOW PRODUCT
DISABLED
AUTO THEFT LIMIT
DISABLED
AUTO DELIVERY START
DISABLED
AUTO DELIVERY END
DISABLED
AUTO EXTERNAL INPUT ON
DISABLED
AUTO EXTERNAL INPUT OFF
DISABLED
AUTO SENSOR FUEL ALARM
DISABLED
AUTO SENSOR WATER ALARM
DISABLED
AUTO SENSOR OUT ALARM
DISABLED

RS-232 END OF MESSAGE
DISABLED

IN-TANK SETUP

T 1:LO SULFER DIESEL
PRODUCT CODE : 4
THERMAL COEFF : .000450
TANK DIAMETER : 95.00
TANK PROFILE : 4 PTS
FULL VOL : 11783
71.3 INCH VOL : 9479
47.5 INCH VOL : 5891
23.8 INCH VOL : 2303

FLOAT SIZE:	4.0 IN.
WATER WARNING :	1.5
HIGH WATER LIMIT:	2.0
MAX OR LABEL VOL:	11783
OVERFILL LIMIT :	90%
:	10604
HIGH PRODUCT :	95%
:	11193
DELIVERY LIMIT :	10%
:	1178
LOW PRODUCT :	1000
LEAK ALARM LIMIT:	8
SUDDEN LOSS LIMIT:	25
TANK TILT :	0.00
PROBE OFFSET :	0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC:	0%
:	0
LEAK MIN ANNUAL :	0%
:	0

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING:	OFF
PER TEST AVERAGING:	OFF
TANK TEST NOTIFY:	OFF
TNK TST SIPHON BREAK:	OFF
DELIVERY DELAY :	5 MIN
PUMP THRESHOLD :	10.00%

FLOAT SIZE:	2.0 IN.
WATER WARNING :	1.5
HIGH WATER LIMIT:	2.0
MAX OR LABEL VOL:	11783
OVERFILL LIMIT :	90%
:	10604
HIGH PRODUCT :	95%
:	11193
DELIVERY LIMIT :	10%
:	1178
LOW PRODUCT :	1000
LEAK ALARM LIMIT:	8
SUDDEN LOSS LIMIT:	25
TANK TILT :	0.00
PROBE OFFSET :	0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC:	0%
:	0
LEAK MIN ANNUAL :	0%
:	0

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING:	OFF
PER TEST AVERAGING:	OFF
TANK TEST NOTIFY:	OFF
TNK TST SIPHON BREAK:	OFF
DELIVERY DELAY :	5 MIN
PUMP THRESHOLD :	10.00%

FLOAT SIZE:	4.0 IN.
WATER WARNING :	1.5
HIGH WATER LIMIT:	2.0
MAX OR LABEL VOL:	4006
OVERFILL LIMIT :	90%
:	3605
HIGH PRODUCT :	95%
:	3805
DELIVERY LIMIT :	10%
:	400
LOW PRODUCT :	1000
LEAK ALARM LIMIT:	8
SUDDEN LOSS LIMIT:	25
TANK TILT :	0.00
PROBE OFFSET :	0.00

SIPHON MANIFOLDED TANKS
T#: NONE
LINE MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC:	0%
:	0
LEAK MIN ANNUAL :	0%
:	0

PERIODIC TEST TYPE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

GROSS TEST FAIL
ALARM DISABLED

ANN TEST AVERAGING:	OFF
PER TEST AVERAGING:	OFF
TANK TEST NOTIFY:	OFF
TNK TST SIPHON BREAK:	OFF
DELIVERY DELAY :	5 MIN
PUMP THRESHOLD :	10.00%

TST EARLY STOP:ENABLED
LEAK TEST REPORT FORMAT
ENHANCED

OUTPUT RELAY SETUP
- - - - - - - - - - - -

R 1:OVERFILL
TYPE:
STANDARD
NORMALLY OPEN

IN-TANK ALARMS
ALL:OVERFILL ALARM

T 2:UNLEADED

PRODUCT CODE :	1
THERMAL COEFF :	.000700
TANK DIAMETER :	95.00
TANK PROFILE :	4 PTS
FULL VOL :	11783
71.3 INCH VOL :	9479
47.5 INCH VOL :	5891
23.8 INCH VOL :	2303

T 3:HIGH SUL DIESEL

PRODUCT CODE :	4
THERMAL COEFF :	.000450
TANK DIAMETER :	76.00
TANK PROFILE :	4 PTS
FULL VOL :	4006
57.0 INCH VOL :	3223
38.0 INCH VOL :	2003
19.0 INCH VOL :	783

LEAK TEST METHOD
- - - - - - - - - - - - -

TEST CSLD : ALL TANK
Pd = 99%
CLIMATE FACTOR:MODERATE

REPORT ONLY:
DISABLED

ALARM HISTORY REPORT

---- IN-TANK ALARM -----

T 1:LO SULFER DIESEL

HIGH WATER ALARM
OCT 4. 2024 8:29 AM
OCT 5. 2023 4:20 PM
NOV 2. 2022 12:59 PM

OVERFILL ALARM
OCT 4. 2024 8:45 AM
DEC 20. 2023 11:57 PM
OCT 5. 2023 5:15 PM

LOW PRODUCT ALARM
AUG 30. 2024 12:05 PM
AUG 16. 2024 3:08 PM
JUL 26. 2024 2:26 PM

HIGH PRODUCT ALARM
OCT 4. 2024 8:44 AM
OCT 5. 2023 5:16 PM
NOV 2. 2022 1:23 PM

INVALID FUEL LEVEL
AUG 30. 2024 4:41 PM
JUL 26. 2024 2:26 PM
OCT 4. 2023 3:12 PM

PROBE OUT
OCT 4. 2024 9:30 AM
OCT 4. 2024 8:37 AM
OCT 4. 2024 8:24 AM

HIGH WATER WARNING
OCT 4. 2024 8:29 AM
OCT 5. 2023 4:20 PM
NOV 2. 2022 12:59 PM

DELIVERY NEEDED
AUG 30. 2024 11:11 AM
AUG 16. 2024 2:12 PM
JUL 29. 2024 12:57 PM

LOW TEMP WARNING
OCT 4. 2024 9:31 AM
DEC 14. 2023 2:00 PM
OCT 5. 2023 5:22 PM

ALARM HISTORY REPORT

---- IN-TANK ALARM -----

T 2:UNLEADED

HIGH WATER ALARM
OCT 4. 2024 8:31 AM
OCT 5. 2023 4:24 PM
NOV 2. 2022 1:01 PM

OVERFILL ALARM
OCT 4. 2024 8:45 AM
OCT 5. 2023 5:13 PM
NOV 2. 2022 1:23 PM

LOW PRODUCT ALARM
OCT 4. 2024 8:27 AM
AUG 23. 2024 9:54 AM
JUL 30. 2024 4:52 PM

HIGH PRODUCT ALARM
OCT 4. 2024 8:44 AM
OCT 5. 2023 5:13 PM
NOV 2. 2022 1:23 PM

PROBE OUT
OCT 4. 2024 9:38 AM
OCT 4. 2024 8:27 AM
OCT 5. 2023 5:20 PM

HIGH WATER WARNING
OCT 4. 2024 8:31 AM
OCT 5. 2023 4:24 PM
NOV 2. 2022 1:01 PM

DELIVERY NEEDED
OCT 4. 2024 8:27 AM
AUG 22. 2024 4:08 PM
JUL 30. 2024 1:44 PM

MAX PRODUCT ALARM
OCT 2. 2020 10:18 AM

LOW TEMP WARNING
OCT 4. 2024 9:39 AM
OCT 5. 2023 5:20 PM

ALARM HISTORY REPORT

---- IN-TANK ALARM -----

T 3:HIGH SUL DIESEL

LEAK ALARM
OCT 2. 2019 9:56 AM

HIGH WATER ALARM
OCT 4. 2024 8:53 AM
JUL 26. 2024 2:45 PM
OCT 5. 2023 5:52 PM

OVERFILL ALARM
OCT 4. 2024 9:20 AM
OCT 4. 2024 9:11 AM
OCT 5. 2023 5:09 PM

LOW PRODUCT ALARM
OCT 4. 2024 8:29 AM
SEP 26. 2024 4:39 PM
SEP 18. 2024 7:11 AM

HIGH PRODUCT ALARM
OCT 4. 2024 9:13 AM
OCT 5. 2023 5:10 PM
NOV 2. 2022 1:27 PM

INVALID FUEL LEVEL
NOV 8. 2022 12:13 PM
OCT 2. 2020 10:26 AM

PROBE OUT
OCT 4. 2024 9:32 AM
OCT 4. 2024 8:40 AM
OCT 4. 2024 8:29 AM

HIGH WATER WARNING
OCT 4. 2024 8:53 AM
JUL 26. 2024 2:45 PM
OCT 5. 2023 5:52 PM

DELIVERY NEEDED
OCT 4. 2024 8:29 AM
SEP 17. 2024 11:26 AM
JUL 26. 2024 2:32 PM

LOW TEMP WARNING
OCT 5. 2023 5:19 PM
NOV 2. 2022 12:58 PM
OCT 20. 2021 10:11 AM

Testing and Inspection Certificate

Tanknology Inc.
11000 North MoPac Expressway, Suite 500, Austin, TX 78759
800-800-4633 www.tanknology.com

Test Date	10/14/2025	Tanknology WO#	NW1-2385876
Test Purpose	COMPLIANCE	Customer PO#	

Customer

WILCOX AND FLEGEL
P.O. BOX 69
LONGVIEW, WA 98632

Attn: Zabrinna Coleman
(360) 957-2066

Location

Pacific Pride Cardlock - Rainier (Cardlock-Rainie)
75719 Rockcrest
Rainier, OR 97048

Attn:
()

Test / Inspection Description	Item Tested	Date Tested	Result
Acurite Line Test	See test report for details	10/14/2025	Pass
Line Leak Detector (3 GPH)	Tank Regular Line 1 REG UNLEAD	10/14/2025	Pass
Line Leak Detector (3 GPH)	Tank Premium Line 1 PREMIUM	10/14/2025	Pass
Line Leak Detector (3 GPH)	Tank OR Diesel Line 1 Off Road Diesel	10/14/2025	Pass
Line Leak Detector (3 GPH)	Tank 4 Line 1 Diesel	10/14/2025	Pass
Impact Valve Inspection	See test report for details	10/14/2025	Pass
Leak Detection Monitoring System Inspection	See test report for details	10/14/2025	Pass
Stage I Pressure Decay	See test report for details	10/14/2025	Pass
Pressure Vacuum Vent Cap	See test report for details	10/14/2025	Pass
Sump Inspection	See test report for details	10/14/2025	Pass

Tanknology Representative: Liana Swatzell
Telephone: ()

Technician: Nathan Bauder
Technician Certification: (See forms)

Tanknology
Your Compliance Expert.

VOLUMETRIC LINE TEST

All testing and servicing is conducted per the manufacturer's instructions and/or specifications.

SITE: State ID # Owner Cardlock-Rainie Facility Pacific Pride ~~Cardlock - Rainier~~

WILCOX AND FLEG
75719 Rockcrest
Rainier OR
97048

DATE: 10/14/2025

CONTACT: Zabrinna Coleman

PHONE: 360-957-2066

JOB #: NW1-2385876

Test Number	1			
Sump Pump #	3	3	5	10
Product	Diesel	Off Road Diesel	Regular	Premium
Manufacturer	Gasboy/FE Petro	Gasboy/FE Petro	Gasboy/FE Petro	Gasboy/FE Petro
Isolation (pump)	Ball Valve	Ball Valve	Ball Valve	Ball Valve
Isolation (disp.)	Impact Valve	Impact Valve	Impact Valve	Impact Valve
Test Pressure	50	50	50	50
Initial Cyl. Level	0.100	0.100	0.100	0.100
Final Cyl. Level	0.100	0.100	0.100	0.100
Begin Time	3:10	3:10	3:10	3:10
End Time	3:40	3:40	3:40	3:40
Change in Time	30	30	30	30
Change in Volume	0	0	0	0
Leak Rate	0	0	0	0
Pass/Fail	Pass	Pass	Pass	Pass
Line Test Method	Acurite	Acurite	Acurite	Acurite

Technician Nathan Bauder **Signature** NB

Certification # 5559.LTN **Exp Date** 09/24/2027

Comments: Used extended hoses thanks to Jace's help to perform all tests at the same time.

Tanknology

LDT 5000 Field Test Apparatus
Line Leak Detector Test

Work Order: 2385876 Date: 10/14/2025
Site Name / ID: Pacific Pride Cardlock - Rainier / Cardlock-Rainie
Address: 75719 Rockcrest
City: Rainier State: OR Zip: 97048

Tank ID	1	2	3	Diesel		
Product	REG UNLEAD	PREMIUM	Off Road Diesel	Diesel		
Product Line	1	1	1	1		
Tested From	5	10	3	3		
Existing/New	Existing	Existing	Existing	Existing		
Mechanical/Electronic	Mechanical	Mechanical	Mechanical	Mechanical		
Manufacturer/Model	Vaporless LD-2000	FE Petro MLD	Vaporless LD-2000	Vaporless LD-2000		
Serial No.	UNK	UNK	UNK	UNK		
Pump Operating Pressure (psi)	30.00	29.00	35.00	33.00		
Calibrated Leak (ml/min)	189.0	189.0	189.0	189.0		
Calibrated Leak (gph)	3.00	3.00	3.00	3.00		
Holding PSI *N/A for Electronic LD's	30.00	29.00	34.00	33.00		
Resiliency (ml) *N/A for Electronic LD's	150.00	150.00	100.00	100.00		
Metering PSI *N/A for Electronic LD's	15	18	20	20		
Opening Time (sec) *N/A for Electronic LD's	1	2	1	1		
Test Results	Pass	Pass	Pass	Pass		

Technician Comments:

Technician Name: Nathan Bauder **Certification #:** 214837

Technician Signature: **Expire Date:** 10/9/2028

Environmental Compliance for Petroleum Systems

Impact Valve Inspection

Impact Valve Operational Inspection

Work Order: 2385876 Date: 10/14/2025
Site Name/ID: Pacific Pride Cardlock - Rainier
Address: 75719 Rockcrest
City: Rainier State: OR Zip: 97048

How Inspected: Line Test ☑ NFPA 30A ☐ PEI RP1200 ☐ Other ☐

Dispenser Number	Grade	Secure Mount?	Valve Lock?	Pass/ Fail	Comments
1/2	87	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
3/4	40	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
3/4	48	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
5/6	87	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
7/	40	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
7/	48	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
8/	40	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	
10/11	40	☑	☑	☑ Pass ☐ Fail ☐ Not Tested	

Technician Comments:

Technician Name: Nathan Bauder

Signature:

Environmental Compliance for Petroleum Systems

MONITORING SYSTEM CERTIFICATION

This form is used to document testing and servicing of tank and piping leak monitoring equipment. If required by applicable law, a copy of the completed form must be provided by the Testing Contractor or owner to the governing UST agency as required by regulation.

A. General Information

Facility Name: Pacific Pride Cardlock - Rainier Bldg. No.:

Site Address: 75719 Rockcrest City: Rainier State: OR Zip: 97048

Facility Contact Person: Contact Phone No.: -

Make/Model of Monitoring System: Veeder Root TLS-450 PLUS Date of Testing/Servicing: 10/14/2025

B. Inventory of Equipment Tested/Certified Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: 1 - REG UNLEAD

- [x] In-Tank Gauging Probe. Model: 846390-101
- [x] Annular Space or Vault Sensor. Model: 794390-409
- [x] Piping Sump / Trench Sensor(s). Model: 794380-208
- [ ] Fill Sump Sensor(s). Model:
- [x] Mechanical Line Leak Detector. Model: Vaporless LD-2000
- [ ] Electronic Line Leak Detector. Model:
- [x] Tank Overfill / High-Level Sensor. Model: VR 101
- [ ] Other (specify equipment type and model in Section E on Page 2).

Tank ID: 2 - PREMIUM

- [x] In-Tank Gauging Probe. Model: 846390-101
- [x] Annular Space or Vault Sensor. Model: 794390-409
- [x] Piping Sump / Trench Sensor(s). Model: 794380-208
- [ ] Fill Sump Sensor(s). Model:
- [x] Mechanical Line Leak Detector. Model: FE Petro MLD
- [ ] Electronic Line Leak Detector. Model:
- [x] Tank Overfill / High-Level Sensor. Model: VR 101
- [ ] Other (specify equipment type and model in Section E on Page 2).

Tank ID: 3 - Off Road Diesel

- [x] In-Tank Gauging Probe. Model: 846390-101
- [x] Annular Space or Vault Sensor. Model: 794390-409
- [x] Piping Sump / Trench Sensor(s). Model: 794380-208
- [ ] Fill Sump Sensor(s). Model:
- [x] Mechanical Line Leak Detector. Model: Vaporless LD-2000
- [ ] Electronic Line Leak Detector. Model:
- [x] Tank Overfill / High-Level Sensor. Model: VR 101
- [ ] Other (specify equipment type and model in Section E on Page 2).

Tank ID: Diesel - Diesel

- [x] In-Tank Gauging Probe. Model: 846390-101
- [x] Annular Space or Vault Sensor. Model: 794390-409
- [x] Piping Sump / Trench Sensor(s). Model: 794380-208
- [ ] Fill Sump Sensor(s). Model:
- [x] Mechanical Line Leak Detector. Model: Vaporless LD-2000
- [ ] Electronic Line Leak Detector. Model:
- [x] Tank Overfill / High-Level Sensor. Model: VR 101
- [ ] Other (specify equipment type and model in Section E on Page 2).

Dispenser ID: 1/2

- [x] Dispenser Containment Sensor(s). Model: 794380-208
- [x] Shear Valve(s).
- [ ] Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 3/4

- [x] Dispenser Containment Sensor(s). Model: 794380-208
- [x] Shear Valve(s).
- [ ] Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 5/6

- [x] Dispenser Containment Sensor(s). Model: 794380-208
- [x] Shear Valve(s).
- [ ] Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 7

- [x] Dispenser Containment Sensor(s). Model: 794380-208
- [x] Shear Valve(s).
- [ ] Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 8

- [x] Dispenser Containment Sensor(s). Model: 794380-208
- [x] Shear Valve(s).
- [ ] Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 10/11

- [x] Dispenser Containment Sensor(s). Model: 794380-208
- [x] Shear Valve(s).
- [ ] Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; *(check all that apply)*: [x] System set-up [x] Alarm history report

Technician Name (print): Nathan Bauder Signature: 

Certification No.: 214835 License. No.:

Testing Company Name: Tanknology Phone No.: (800) 800-4633

Testing Company Address: 11000 N. MoPac Expressway Suite 500 Date of Testing/Servicing: 10/14/2025

D. Results of Testing/Servicing

Software Version Installed: _____

Complete the following checklist:

☑ Yes	☐ No* ☐ N/A	Is the **visual** alarm on the console operational?
☑ Yes	☐ No* ☐ N/A	Is the **audible** alarm on the console operational?
☐ Yes	☑ No	Is the external **visual** overfill alarm (light unit) present?
☑ Yes	☐ No* ☐ N/A	Is the external **visual** overfill alarm operating properly?
☑ Yes	☐ No	Is the external **audible** overfill alarm present?
☑ Yes	☐ No* ☐ N/A	Is the external **audible** overfill alarm operating properly?
90 %	☐ N/A	At what percent of tank(s) capacity is the external alarm programmed to trigger? *If different % between tanks, clarify in section E.*
☑ Yes	☐ No* ☐ N/A	Were all sensors visually inspected, functionally tested, and confirmed operational?
☑ Yes	☐ No* ☐ N/A	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☑ N/A	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 shut-down? *(Check all that apply)* ☐ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☐ Yes; ☐ No
☐ Yes*	☑ 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 E, below.
☐ Yes*	☑ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☑ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☑ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments:

Tested 4 STP sumps, tested 7 disp sensors, and 2 annulars. All operational.

Pulled 4 ATG probes and received the following alarms:
-High Water Warning
-High Water Alarm
-Overfill Alarm
-High Product Alarm

F. 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.

Complete the following checklist:

☑ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☑ Yes	☐ No*	Was accuracy of system product level readings tested?
☑ Yes	☐ No*	Was accuracy of system water level readings tested?
☑ Yes	☐ No*	Were all probes reinstalled properly?
☑ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

G. Comments:

DID OVERALL MONITOR SYSTEM TESTING PASS (Check One)? YES☑ NO ☐ INCONCLUSIVE ☐

Tanknology

2 inch Pressure Decay Test
TP201.3

Store Information

Site Name : Pacific Pride Cardlock - Rainier

Address : 75719 Rockcrest
Rainier, OR 97048

Phone : -

Testing Company

Name : TANKNOLOGY INC.

Address : 11000 N. MoPac Expressway Suite 500
Austin, TX 78759

Phone : (800) 800-4633

Stage I System?	Two Point	Tanks Manifolded ?	Yes
Stage II System?	None	Drop-Out tank present?	No
Total # of Nozzles :		Total # of Tanks Tested :	2
Products per Nozzle :			

Tank Information :	1	2			Total
Product Grade :	REG UNLEAD	PREMIUM			
Tank Capacity, gallons :	15930	6184			22114
Gasoline, gallons :	8791	4150			12941
Ullage, gallons :	7139	2034			9173
Testing Information :					All
Start Time :	14:00				14:00
Initial Pressure, wcg :	2.00				2.00
Pressure @ 1 minute(s) :	2.00				2.00
Pressure @ 2 minutes :	2.00				2.00
Pressure @ 3 minutes :	1.99				1.99
Pressure @ 4 minutes :	1.99				1.99
Pressure @ 5 minutes :	1.98				1.98
Allowable Final Pressure :	1.96				1.96
Pass/Fail (Enter "GF" Gross Failure)	Pass				Pass

Comments:

Tester : Nathan Bauder

Test Date : 10/14/2025

Signature : 

Work Order : 2385876

WO: 2385876

Tanknology

11000 N. MOPAC EXPRESSWAY, SUITE 500, AUSTIN, TX 78759
(800) 800-4633

QP-08-03-FF-02	Pressure Vacuum Vent Cap TP-201.1E Field Form
Rev C	1/27/2011

Site Overall Test Results: Pass

Total +ve LR: 0.0021

Total -ve LR: 0.00

Test Date	10/14/2025
Technician Name	Nathan Bauder
WO #	2385876
Facility Name / Loc #	Pacific Pride Cardlock - Rainier Cardlock-Rainie
Street	75719 Rockcrest
City, St, Zip	Rainier, OR 97048

Pressure Vacuum Vent Cap Test Form TP-201.1E

PVVC tested ==>	☐ Manifolded				
Final Test Result (Pass / Fail) ==>		Pass			
PVVC Manuf. ==>	OPW	**Model Number ==>**		623V-2203	
Is this Original or Replacement? Original **If this cap is being replaced, check here:** ☐	**Manf Spec (CFH)**		**Measured Leak Rate in ml/Min; Cracking (in H2O)**	**Calc CFH (ml/min x .00212)**	**Result (Pass /Fail)**
Pos Leak Rate(CFH)	0.05		1	0.0021	Pass
	Low	**High**	**Measured**		
Pos Cracking (in H2O)	2.50	6.00	5.81		Pass
Neg Leak Rate (CFH)	0.21		0	0.00	Pass
	Low	**High**	**Measured**		
Neg Cracking (in H2O)	-10.00	-6.00	-8.13		Pass

PVVC tested ==>	☐ Manifolded				
Final Test Result (Pass / Fail) ==>		Pass			
PVVC Manuf. ==>	OPW	**Model Number ==>**		623V-2203	
Is this Original or Replacement? Original **If this cap is being replaced, check here:** ☐	**Manf Spec (CFH)**		**Measured Leak Rate in ml/Min; Cracking (in H2O)**	**Calc CFH (ml/min x .00212)**	**Result (Pass /Fail)**
Pos Leak Rate(CFH)	0.05		0	0.00	Pass
	Low	**High**	**Measured**		
Pos Cracking (in H2O)	2.50	6.00	5.25		Pass
Neg Leak Rate (CFH)	0.21		0	0.00	Pass
	Low	**High**	**Measured**		
Neg Cracking (in H2O)	-10.00	-6.00	-7.96		Pass

PVVC tested ==>	☐ Manifolded				
Final Test Result (Pass / Fail) ==>					
PVVC Manuf. ==>		**Model Number ==>**			
Is this Original or Replacement? _	**Manf Spec (CFH)**		**Measured Leak Rate in ml/Min; Cracking (in H2O)**	**Calc CFH (ml/min x .00212)**	**Result (Pass /Fail)**
Pos Leak Rate(CFH)					
	Low	**High**	**Measured**		
Pos Cracking (in H2O)					
Neg Leak Rate (CFH)					
	Low	**High**	**Measured**		
Neg Cracking (in H2O)					

PVVC tested ==>	☐ Manifolded				
Final Test Result (Pass / Fail) ==>					
PVVC Manuf. ==>		**Model Number ==>**			
Is this Original or Replacement? _	**Manf Spec (CFH)**		**Measured Leak Rate in ml/Min; Cracking (in H2O)**	**Calc CFH (ml/min x .00212)**	**Result (Pass /Fail)**
Pos Leak Rate(CFH)					
	Low	**High**	**Measured**		
Pos Cracking (in H2O)					
Neg Leak Rate (CFH)					
	Low	**High**	**Measured**		
Neg Cracking (in H2O)					

PVVC tested ==>	☐ Manifolded				
Final Test Result (Pass / Fail) ==>					
PVVC Manuf. ==>		**Model Number ==>**			
Is this Original or Replacement? _	**Manf Spec (CFH)**		**Measured Leak Rate in ml/Min; Cracking (in H2O)**	**Calc CFH (ml/min x .00212)**	**Result (Pass /Fail)**
Pos Leak Rate(CFH)					
	Low	**High**	**Measured**		
Pos Cracking (in H2O)					
Neg Leak Rate (CFH)					
	Low	**High**	**Measured**		
Neg Cracking (in H2O)					

PVVC tested ==>	☐ Manifolded				
Final Test Result (Pass / Fail) ==>					
PVVC Manuf. ==>		**Model Number ==>**			
Is this Original or Replacement? _	**Manf Spec (CFH)**		**Measured Leak Rate in ml/Min; Cracking (in H2O)**	**Calc CFH (ml/min x .00212)**	**Result (Pass /Fail)**
Pos Leak Rate(CFH)					
	Low	**High**	**Measured**		
Pos Cracking (in H2O)					
Neg Leak Rate (CFH)					
	Low	**High**	**Measured**		
Neg Cracking (in H2O)					

ANNUAL CONTAINMENT SUMP INSPECTION

➢ This form may be utilized to document the inspection of containment sumps.

Date of Inspection: 10/14/2025

UST Facility			Person Conducting Test	
Facility Name Pacific Pride Cardlock - Rainier	Facility ID #		Tester's Name nbauder	
Physical Address 75719 Rockcrest			Company Tanknology Inc.	
City Rainier	County COLUMBIA	State OR	Certification #	Expiration Date
UST Owner WILCOX AND FLEGEL			Tester's Signature	Date 10/14/2025

Containment Sump Inspection

Sump Material of Construction	☑ Fiberglass Reinforced Plastic	☐ Thermoplastic	☐ Steel	☐ Composite

Containment Sump Inspection Procedure

1. Clean-out and properly dispose of all debris, soil and/or fluids from the containment sump.
2. Visually examine the containment sump to ensure there are no cracks, holes, deteriorated seals, deformation or other indications that the sump is not liquid tight.
3. If the sump appears to be liquid tight and no water was in the sump, the inspection result is "pass" and no further action is required.
4. If the sump appears to be liquid tight but water was present within the sump, the inspection result is "fail".
5. If there is visual evidence that the sump is not liquid tight, then repair or replacement (see note below) of the sump is required.

Inspection Results for the Year 2025

Sump ID (product stored for STP or dispenser number)	STP:Regular REG UNLEAD - 1	STP:Premium PREMIUM - 1	STP:OR Diesel Off Road Diesel - 1	STP:4 Diesel - 1
Sump lid/gasket in good condition (yes/no)	Y	Y	Y	Y
Sump is dry (yes/no)	Y	Y	Y	Y
All penetration fittings in good condition (yes/no)	Y	Y	Y	Y
Sump walls/bottom in good condition (yes/no)	Y	Y	Y	Y
Are there any leaks from pipe components (yes/no)	N	N	N	N
Inspection Result (Pass/Fail)	Pass	Pass	Pass	Pass

Comments:

WO: 2385876

ANNUAL CONTAINMENT SUMP INSPECTION

➢ This form may be utilized to document the inspection of containment sumps.

Date of Inspection: 10/14/2025

UST Facility			Person Conducting Test	
Facility Name Pacific Pride Cardlock - Rainier	Facility ID #		Tester's Name nbauder	
Physical Address 75719 Rockcrest			Company Tanknology Inc.	
City Rainier	County COLUMBIA	State OR	Certification #	Expiration Date
UST Owner WILCOX AND FLEGEL			Tester's Signature	Date 10/14/2025

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4. If the sump appears to be liquid tight but water was present within the sump, the inspection result is "fail".
5. If there is visual evidence that the sump is not liquid tight, then repair or replacement (see note below) of the sump is required.

Inspection Results for the Year 2025

Sump ID (product stored for STP or dispenser number)	UDC 10/11	UDC 1/2	UDC 3/4	UDC 5/6
Sump lid/gasket in good condition (yes/no)	Y	Y	Y	Y
Sump is dry (yes/no)	Y	Y	Y	Y
All penetration fittings in good condition (yes/no)	Y	Y	Y	Y
Sump walls/bottom in good condition (yes/no)	Y	Y	Y	Y
Are there any leaks from pipe components (yes/no)	N	N	N	N
Inspection Result (Pass/Fail)	Pass	Pass	Pass	Pass

Comments:

WO: 2385876

ANNUAL CONTAINMENT SUMP INSPECTION

➢ This form may be utilized to document the inspection of containment sumps.

Date of Inspection: 10/14/2025

UST Facility			Person Conducting Test	
Facility Name Pacific Pride Cardlock - Rainier	Facility ID #		Tester's Name nbauder	
Physical Address 75719 Rockcrest			Company Tanknology Inc.	
City Rainier	County COLUMBIA	State OR	Certification #	Expiration Date
UST Owner WILCOX AND FLEGEL			Tester's Signature	Date 10/14/2025

Containment Sump Inspection

Sump Material of Construction	☑ Fiberglass Reinforced Plastic	☐ Thermoplastic	☐ Steel	☐ Composite

Containment Sump Inspection Procedure

1. Clean-out and properly dispose of all debris, soil and/or fluids from the containment sump.
2. Visually examine the containment sump to ensure there are no cracks, holes, deteriorated seals, deformation or other indications that the sump is not liquid tight.
3. If the sump appears to be liquid tight and no water was in the sump, the inspection result is "pass" and no further action is required.
4. If the sump appears to be liquid tight but water was present within the sump, the inspection result is "fail".
5. If there is visual evidence that the sump is not liquid tight, then repair or replacement (see note below) of the sump is required.

Inspection Results for the Year 2025

Sump ID (product stored for STP or dispenser number)	UDC 7/	UDC 8/		
Sump lid/gasket in good condition (yes/no)	Y	Y		
Sump is dry (yes/no)	Y	Y		
All penetration fittings in good condition (yes/no)	Y	Y		
Sump walls/bottom in good condition (yes/no)	Y	Y		
Are there any leaks from pipe components (yes/no)	N	N		
Inspection Result (Pass/Fail)	Pass	Pass		

Comments:

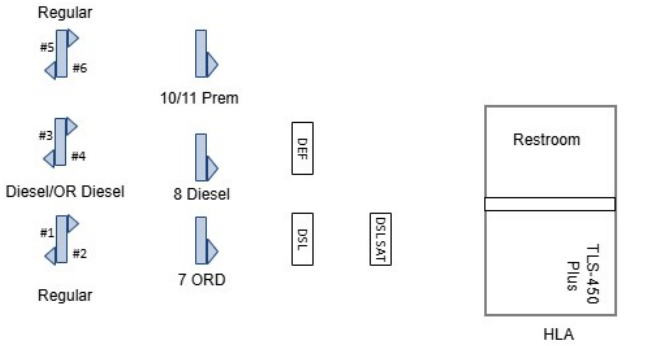
WO: 2385876

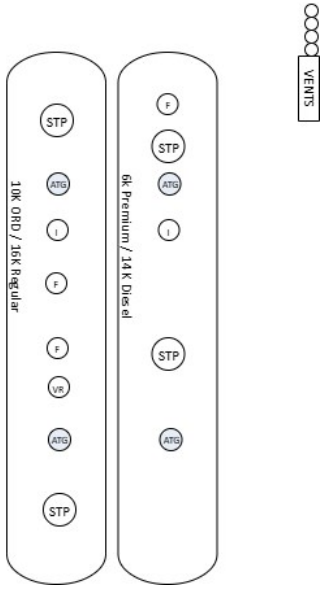
Site Diagram

(This site diagram is for reference only and is not drawn to scale)

Work Order:	2385876
Site ID / Name:	Cardlock-Rainie / Pacific Pride Cardlock - Rainier
Address:	75719 Rockcrest
City:	Rainier

State: OR Zip: 97048





State of Oregon Department of Environmental Quality

UST Monthly/Annual Walkthrough Inspection Checklist

Year: 2025

Facility Name: Pacific Pride Cardlock - Rainier	Permittee:
Facility Address: 75719 Rockcrest, Rainier, COLUMBIA, OR 97048	Permittee Address:
Registration Certificate Number:	Contact Number:

Instructions

1. Initial each box to indicate the equipment was inspected. Use N/A if inspection item does not apply to this facility.
2. Take appropriate actions for any alarms, damaged equipment, and/or abnormal operating conditions. List actions taken on page 2 of this form. As per OAR 340-150-0500 all suspected releases must be reported to DEQ within 24 hours of discovery.
3. This record must be maintained for one year and shall be available for DEQ review upon request per OAR 340-150-0315.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date of Inspection										10/14		
Required Monthly Inspections												
Spill Bucket/s: Checked for damage and removed any liquids or debris. **Dispose Of Material Responsibly**										x		
***If Double walled Spill Bucket/s:** Also checked for damage and and leaks in the interstitial area.										x		
Fill Cap/s: Checked for secure fit, locking mechanism operation, and integrity of seals.										x		
Fill Pipe/s: Checked for any obstructions or foreign objects in pipe, pipe is intact and undamaged.										x		
Tank Monitoring Equipment: Checked for normal operation, with no active alarms. **Record All Alarms**										x		
Tank Monitoring Records: Ensure records of release detection tests are reviewed and current.										x		
Recommended Monthly Actions												
Inspect Ancillary Equipment: Checked for loose fittings, leaks, or any disfunction of dispensers.										x		
Emergency Spill Response Supplies: All supplies are available and are in working condition.										x		

Required Annual Inspections	Date:	Initials
Containment Sumps: Checked for damage and leaks. Removed any liquids or debris.	10/14	NB
Hand held release detection equipment: Check for operability and serviceability.	N/A	N/A
***3-Year Testing: Spill Prevention Equipment, Overfill Prevention, Cathodic Protection. Date of last test**	10/14	NB

DEQ Administrative Offices

Portland Office: 700 NE Multnomah Street, Suite 600, Portland, OR 97232-4100. **Phone:** 503-229-5696
Bend Office: 475 NE Bellevue Drive, Suite 110, Bend, OR 97701. **Phone:** 541-388-6146
Pendleton Office: 800 SE Emigrant Ave, Suite 330, Pendleton, OR 97801 **Phone:** 541-276-4063
The Dalles Office: 400 E Scenic Drive, Suite 307, The Dalles, OR 97058. **Phone:** 541-298-7255
Salem Office: 4026 Fairview Industrial Drive SE Salem , OR 97302. **Phone:** 503-378-8240
Coos Bay Office: 381 N Second Street Coos Bay, OR 97420. **Phone:** 541-269-2721
Medford Office: 221 Stewart Avenue, Suite 201, Medford, OR 97501. **Phone:** 541-776-6010
Eugene Office: 165 East 7th Avenue, Suite 100: Eugene, OR 97401. **Phone:** 541-686-7838

State of Oregon
Department of
Environmental Quality

UST Monthly/Annual
Walkthrough Inspection Checklist

Date	Action taken	Initials

Tanknology Inc.
11000 N. MoPac Expressway, Suite 500 Austin, TX 78759 (800) 964-0010

JOB CLEARANCE FORM & SITE SAFETY CHECKLIST – OVF

Policy 100-29-A
Rev: H
Revised: 6/25/2022

Site Name/#:	Street Address:		W.O. #
PACIFIC PRIDE CARDLOCK - RAINIER	75719 ROCKCREST		2385876
Arrival Time: 1:05 PM	**Departure Time:** 4:30 PM	**Travel Time:**	**Others on site:**
			Date 10-14-25

Scope of Work and Tasks Performed (JSA's must be available for all tasks): ATG, LD, LINES, SIPHON, VENTS IMPV

Repairs to Equipment or Parts Provided:

Follow-up actions required; equipment isolated; comments: SITE PASSES

PPE - PERSONAL PROTECTIVE EQUIPMENT REQUIRED (Check ✓ items used or mark ~ if not applicable)

- ☑ Safety Vest/Shirt (all jobs)
- ☑ Safety Toe Boots (all jobs)
- ☑ Gloves (all jobs)
- ☑ Safety Glasses (all jobs)
- ☑ Splash Goggles (if needed)
- ☑ Hard Hat (if needed)
- ☑ Hearing Protection (if needed)
- ☑ Other _____

✓ PRE-TEST PROCEDURES (Check ✓ each item completed or mark ~ if not applicable)

1. ☑ Discuss safety procedures with site personnel. Nearest hospital: _____
2. ☑ Get ATG printout & check fuel/water levels. Prior to fuel delivery the system must be placed back into working order.
3. ☑ Barricade work area (cones, flags, bars/tape) and place Fire Extinguishers & "No Smoking" Signs at perimeter.
4. ☑ Confined Space Entry – If required complete separate CSE Checklist. If NO CSE check the following reason:
   ☐ No CS's ☐ CS's not opened ☐ No entry only visual ☐ No entry - used tools ☐ Work from prone position w/o risk of falling in
5. ☑ Implement Lockout/Tagout per API 1646 (when accessing product piping during tasks)
   - ☐ Secure nozzles with "Out of Service" bags and nylon ties.
   - ☐ Secure the circuit breaker(s) with lockout devices and tags.
   - ☐ Close ball valves or check valves on product piping.
   - ☐ Disconnect electrical "bayonet" connector from the STP(s).
   - ☐ All applicable equipment disabled during test(s).
   - ☐ Verify LOTO is complete by trying to operate pumps.

SIGN IN	Lead Technician Name	Lead Technician Signature
General Safety Checks: All site personnel have been informed. Is a fuel delivery due today? ☐ LOTO procedures have been discussed. Work areas barricaded to protect workers, staff & public.	NATE BAUDER	
	Site Representative Name	Site Representative Signature
	—	—

✓ POST-TEST PROCEDURES (Check ✓ each item completed or mark ~ if not applicable)

1. ☑ Remove all "Lockout/Tagout" devices and nozzle bags/ties.
2. ☑ Run all pumps and verify there are no leaks:
   - ☐ Leak Detector & Vent Tubes
   - ☐ Impact Valve Test Ports under dispensers
   - ☐ STP Functional Elements & Relief Screws
3. ☑ Get ATG printout. Confirm water levels same as start or explain difference: _____
4. ☑ Check following components operational:
   - ☐ ATG probes, sensors, & caps
   - ☐ Ball floats, dry breaks & caps
   - ☐ Containment sumps are dry
   - ☐ Manhole covers and sump lids
   - ☐ Spill containers & drain valves
   - ☐ Drop tubes, flapper valves, fill adapters & caps
   - ☐ Shear valves are open
   - ☐ Dispensers & POS operational
   - ☐ Dispenser panels are replaced
   - ☐ Vents & Extractors (not capped, plugged or isolated)
   - ☐ Cathodic protection operational
   - ☐ Siphon lines and manifold valves open
5. ☑ Remove barricades.

SIGN OUT & Operator Verification of Work (OVF)	Lead Technician Name	Lead Technician Signature
General Safety Checks: Work area has been left clean & safe. Site staff aware of work status including any remaining isolation. Changes to equipment are documented and communicated. All incidents, near incidents, and unsafe situations reported.	NATE BAUDER	
	Site Representative Name	Site Representative Signature
	—	—

Site Representative Comments:

*** DISPLAY SETUP - LANGUAGE AND UNITS ***

SYSTEM LANGUAGE:	ENGLISH
SYSTEM UNITS:	US

*** SYSTEM DATE AND TIME ***

DATE AND TIME:	OCT 14, 2025 16:22
TIME ZONE:	(UTC -07:00) US/Pacific
NTP STATUS:	DISABLED
NTP SERVER ADDRESS:	pool.ntp.org

*** DISPLAY SETUP - DATE AND TIME FORMAT ***

DATE FORMAT:	mm_dd_yyyy
DATE SEPARATOR:	/
TIME FORMAT:	12-hour AM

*** DISPLAY SETUP - NUMBER FORMAT ***

DECIMAL SEPARATOR:	.
THOUSANDS SEPARATOR:	,

*** HEADERS SETUP ***

HEADER 1:	
HEADER 2:	Rainier Pac Pride
HEADER 3:	75719 Rockcrest St
HEADER 4:	Rainier, OR 97048
FAX NAME:	
FAX NUMBER:	

*** SYSTEM SETUP - ALARM FILTERING ***

ALARM FILTERING:	ENABLED

*** COMMUNICATION SETUP - HOSTNAME ***

SYSTEM HOSTNAME:	rainierts450

*** COMMUNICATION SETUP - ETHERNET PORT ***

--- ID 13 ---

SLOT #:	4
PORT #:	1
IP ADDRESS TYPE:	DYNAMIC
IP ADDRESS:	192.168.193.186
IP SUBNET MASK:	255.255.255.0
IP GATEWAY ADDRESS:	192.168.193.1
IP DEFAULT GATEWAY:	DISABLED
PRIMARY DNS SERVER:	192.168.193.1
SECONDARY DNS SERVER:	
MAC ADDRESS:	00:50:B3:13:97:52
SERIAL COMMAND PORT:	10001
SSH PORT:	22
HTTPS PORT:	443
SERIAL COMMAND SECURITY:	DISABLED
RS232 END OF MESSAGE:	DISABLED

--- ID 14 ---

SLOT #:	4
PORT #:	2
IP ADDRESS TYPE:	STATIC
IP ADDRESS:	192.168.1.100
IP SUBNET MASK:	255.255.255.0
IP GATEWAY ADDRESS:	192.168.193.1
IP DEFAULT GATEWAY:	DISABLED
PRIMARY DNS SERVER:	192.168.193.1
SECONDARY DNS SERVER:	
MAC ADDRESS:	00:50:B3:13:97:53
SERIAL COMMAND PORT:	10001
SSH PORT:	22
HTTPS PORT:	443
SERIAL COMMAND SECURITY:	DISABLED
RS232 END OF MESSAGE:	DISABLED

*** COMMUNICATION SETUP - INTERNAL MODEM ***

--- NO INTERNAL MODEM DEFINED ---

*** COMMUNICATION SETUP - CDIN PORT ***

--- NO CDIN PORT DEFINED ---

*** COMMUNICATION SETUP - TDIM PORT ***

--- ID 16 ---

SLOT #:	4
PORT #:	1
LABEL:	
TDIM PORT:	35555
PROTOCOL:	UNKNOWN
UNITS REPORTED:	UNKNOWN

*** COMMUNICATION SETUP - IFSF ***

IFSF DEVICE:	ETHERNET
IFSF PROTOCOL:	IFSF-CHINA1
TLG IFSF:	DISABLED
TLG NODE ID:	1
LEAK DETECT IFSF:	DISABLED
LEAK DETECT NODE ID:	1
IFSF UDP PORT:	3486
IFSF TCP PORT:	9000
EQUIPMENT NUMBER:	0
LAUNCH DATE:	2024-12-03

*** COMMUNICATION SETUP - SERIAL PORT ***

--- ID 1 ---

SLOT #:	1
PORT #:	1
CONFIGURED:	ENABLED
LABEL:	
USAGE:	RS232
BAUD RATE:	9600
DATA BITS:	8
PARITY:	NO PARITY
STOP BITS:	1
USE HANDSHAKING:	NO HANDSHAKING
SERIAL COMMAND SECURITY:	DISABLED
RS232 END OF MESSAGE:	DISABLED

--- ID 2 ---

SLOT #:	1
PORT #:	2
CONFIGURED:	ENABLED
LABEL:	
USAGE:	RS485
BAUD RATE:	9600
DATA BITS:	7
PARITY:	ODD PARITY
STOP BITS:	1
SERIAL COMMAND SECURITY:	DISABLED
RS232 END OF MESSAGE:	DISABLED

*** COMMUNICATION SETUP - SMTP RELAY ***

SENDER NAME:	RainierPPTankMonitor
SENDER EMAIL ADDRESS:	RainierPPTankMonitor@wilcoxandflegel.com
USE SYSTEM HOSTNAME:	NO
SENDER HOSTNAME:	RainierPPTankMonitor
EMAIL RELAY:	ENABLED
RELAYHOST/SMARTHOST:	rmsmtp.wilcoxandflegel.com
RELAYHOST/SMARTHOST PORT:	25
AUTHENTICATION TYPE:	NO AUTHENTICATION
RELAY REQUIRES SSL:	NO

*** GATEWAY - SETUP ***

--- NO GATEWAY EXISTS ---

*** DEVICE SETUP - PROBE ***

--- PROBE 1 ---

CONFIGURED:	ENABLED
LABEL:	EG Regular
ADDRESS:	B1.S1.3
SERIAL NUMBER:	627865
PROBE TYPE:	MAG7
FLOAT TYPE:	4.0 IN.
WATER MINIMUM:	0.000 INCHES

--- PROBE 2 ---

CONFIGURED:	ENABLED
LABEL:	GS Clear Premium
ADDRESS:	B1.S1.11
SERIAL NUMBER:	577090
PROBE TYPE:	MAG7
FLOAT TYPE:	4.0 IN.
WATER MINIMUM:	0.000 INCHES

--- PROBE 3 ---

CONFIGURED:	ENABLED
LABEL:	BS Diesel
ADDRESS:	B1.S1.4
SERIAL NUMBER:	577090
PROBE TYPE:	MAG7
FLOAT TYPE:	4.0 IN.
WATER MINIMUM:	0.000 INCHES

--- PROBE 4 ---

CONFIGURED:	ENABLED
LABEL:	Off Road Diesel
ADDRESS:	B1.S1.2
SERIAL NUMBER:	527557
PROBE TYPE:	MAG7
FLOAT TYPE:	4.0 IN.
WATER MINIMUM:	0.000 INCHES

--- PROBE 5 ---

CONFIGURED:	ENABLED
LABEL:	DEF
ADDRESS:	B1.S1.6
SERIAL NUMBER:	545155
PROBE TYPE:	MAG10
FLOAT TYPE:	4.0 IN.
WATER MINIMUM:	0.000 INCHES

*** DEVICE SETUP - RELAY ***

--- RELAY 1 ---

CONFIGURED:	ENABLED
LABEL:	HLA Alarm
ADDRESS:	B1.S7.1
TYPE:	Standard
ORIENTATION:	Normally Open

*** DEVICE SETUP - EXTERNAL INPUT ***

--- NO DEVICE DEFINED ---

*** DEVICE SETUP - LIQUID SENSOR ***

--- LIQUID SENSOR 1 ---

CONFIGURED:	ENABLED
LABEL:	T2-T3-T5 Annular
ADDRESS:	B1.S1.1
MODEL:	Tri-State(Single Float)
CATEGORY:	Annular Space

--- LIQUID SENSOR 2 ---

CONFIGURED:	ENABLED
LABEL:	On Road DSL STP
ADDRESS:	B1.S1.5
MODEL:	Tri-State(Single Float)
CATEGORY:	STP Sump

--- LIQUID SENSOR 3 ---

CONFIGURED:	ENABLED
LABEL:	DEF STP
ADDRESS:	B1.S1.7
MODEL:	Tri-State(Single Float)
CATEGORY:	STP Sump

--- LIQUID SENSOR 4 ---

CONFIGURED:	ENABLED
LABEL:	T1-T4 Annular
ADDRESS:	B1.S1.8
MODEL:	Tri-State(Single Float)
CATEGORY:	Annular Space

--- LIQUID SENSOR 5 ---

CONFIGURED:	ENABLED
LABEL:	EG Regular STP
ADDRESS:	B1.S1.9
MODEL:	Tri-State(Single Float)
CATEGORY:	STP Sump

--- LIQUID SENSOR 6 ---

CONFIGURED:	ENABLED
LABEL:	Off Road DSL STP
ADDRESS:	B1.S1.10
MODEL:	Tri-State(Single Float)
CATEGORY:	STP Sump

--- LIQUID SENSOR 7 ---

CONFIGURED:	ENABLED
LABEL:	Clear Premium STP
ADDRESS:	B1.S1.12
MODEL:	Tri-State(Single Float)
CATEGORY:	STP Sump

--- LIQUID SENSOR 8 ---

CONFIGURED:	ENABLED
LABEL:	Transition STP
ADDRESS:	B1.S1.13
MODEL:	Tri-State(Single Float)
CATEGORY:	STP Sump

--- LIQUID SENSOR 9 ---

CONFIGURED:	ENABLED
LABEL:	Disp 1-2
ADDRESS:	B1.S1.15
MODEL:	Tri-State(Single Float)
CATEGORY:	Dispenser Pan

--- LIQUID SENSOR 10 ---

CONFIGURED:	ENABLED
LABEL:	Disp 3-4
ADDRESS:	B1.S1.16
MODEL:	Tri-State(Single Float)
CATEGORY:	Dispenser Pan

--- LIQUID SENSOR 11 ---

CONFIGURED:	ENABLED
LABEL:	Disp 5-6
ADDRESS:	B1.S2.1
MODEL:	Tri-State(Single Float)
CATEGORY:	Dispenser Pan

--- LIQUID SENSOR 12 ---

CONFIGURED:	ENABLED
LABEL:	Disp 7
ADDRESS:	B1.S2.2
MODEL:	Tri-State(Single Float)
CATEGORY:	Dispenser Pan

--- LIQUID SENSOR 13 ---

CONFIGURED:	ENABLED
LABEL:	Disp 8
ADDRESS:	B1.S2.3
MODEL:	Tri-State(Single Float)
CATEGORY:	Dispenser Pan

--- LIQUID SENSOR 14 ---

CONFIGURED:	ENABLED
LABEL:	Disp 10-11
ADDRESS:	B1.S2.4
MODEL:	Tri-State(Single Float)
CATEGORY:	Dispenser Pan

--- LIQUID SENSOR 15 ---

CONFIGURED:	ENABLED
LABEL:	Disp 12
ADDRESS:	B1.S2.5
MODEL:	Tri-State(Single Float)
CATEGORY:	Dispenser Pan

--- LIQUID SENSOR 16 ---

CONFIGURED:	ENABLED
LABEL:	Disp 12 Sat
ADDRESS:	B1.S1.14
MODEL:	Tri-State(Single Float)
CATEGORY:	Dispenser Pan

*** DEVICE SETUP - VAPOR SENSOR ***

--- NO DEVICE DEFINED ---

*** DEVICE SETUP - GROUND WATER SENSOR ***

--- NO DEVICE DEFINED ---

*** DEVICE SETUP - TYPE A SENSOR ***

--- NO DEVICE DEFINED ---

*** DEVICE SETUP - TYPE B SENSOR ***

--- NO DEVICE DEFINED ---

*** DEVICE SETUP - TEMPERATURE SENSOR ***

--- NO DEVICE DEFINED ---

*** DEVICE SETUP - LVDIN ***

--- NO DEVICE DEFINED ---

*** DEVICE SETUP - AIR FLOW METER ***

--- NO DEVICE DEFINED ---

*** DEVICE SETUP - VAPOR PRESS SENSOR ***

--- NO DEVICE DEFINED ---

*** DEVICE SETUP - MAG SENSOR ***

--- NO DEVICE DEFINED ---

*** DEVICE SETUP - VACUUM SENSOR ***

--- NO DEVICE DEFINED ---

*** DEVICE SETUP - ATMOSPHERIC SENSOR ***

--- NO DEVICE DEFINED ---

*** DEVICE SETUP - HC SENSOR ***

--- NO DEVICE DEFINED ---

*** DEVICE SETUP - LINE P SENSOR ***

--- NO DEVICE DEFINED ---

*** DEVICE SETUP - VAPOR VALVE ***

--- NO DEVICE DEFINED ---

*** TANK SETUP - GENERAL SETUP ***

--- TANK 1 ---

CONFIGURED:	ENABLED
LABEL:	EG Regular
PRODUCT CODE:	1
PROBE NUMBER:	Pb 1: EG Regular
PROBE OFFSET:	-0.50 INCHES
FULL VOLUME:	15938 GALLONS
DIAMETER:	119.4 INCHES
TILT:	0.00 INCHES
THERMAL COEFFICIENT:	0.000700
METER DATA PRESENT:	DISABLED
DELIVERY DELAY:	15 MINUTES
GROSS TEST FAIL:	ALARMS DISABLED
PERIODIC TEST FAIL:	ALARMS DISABLED
ANNUAL TEST FAIL:	ALARMS DISABLED
GOST VOLUME CORRECTION:	DISABLED

--- TANK 2 ---

CONFIGURED:	ENABLED
LABEL:	GS Clear Premium
PRODUCT CODE:	2
PROBE NUMBER:	Pb 2: GS Clear Premium
PROBE OFFSET:	-2.50 INCHES
FULL VOLUME:	6184 GALLONS
DIAMETER:	119.4 INCHES
TILT:	0.00 INCHES
THERMAL COEFFICIENT:	0.000700
METER DATA PRESENT:	DISABLED
DELIVERY DELAY:	15 MINUTES
GROSS TEST FAIL:	ALARMS DISABLED
PERIODIC TEST FAIL:	ALARMS DISABLED
ANNUAL TEST FAIL:	ALARMS DISABLED
GOST VOLUME CORRECTION:	DISABLED

--- TANK 3 ---

CONFIGURED:	ENABLED
LABEL:	BS On Road Diesel
PRODUCT CODE:	3
PROBE NUMBER:	Pb 3: BS Diesel
PROBE OFFSET:	0.00 INCHES
FULL VOLUME:	14253 GALLONS
DIAMETER:	119.4 INCHES
TILT:	0.00 INCHES
THERMAL COEFFICIENT:	0.000450
METER DATA PRESENT:	DISABLED
DELIVERY DELAY:	15 MINUTES
GROSS TEST FAIL:	ALARMS DISABLED
PERIODIC TEST FAIL:	ALARMS DISABLED
ANNUAL TEST FAIL:	ALARMS DISABLED
GOST VOLUME CORRECTION:	DISABLED

--- TANK 4 ---

CONFIGURED:	ENABLED
LABEL:	Off Road Diesel
PRODUCT CODE:	4
PROBE NUMBER:	Pb 4: Off Road Diesel
PROBE OFFSET:	0.00 INCHES
FULL VOLUME:	10139 GALLONS
DIAMETER:	119.4 INCHES
TILT:	0.00 INCHES
THERMAL COEFFICIENT:	0.000450
METER DATA PRESENT:	DISABLED
DELIVERY DELAY:	15 MINUTES
GROSS TEST FAIL:	ALARMS DISABLED
PERIODIC TEST FAIL:	ALARMS DISABLED
ANNUAL TEST FAIL:	ALARMS DISABLED
GOST VOLUME CORRECTION:	DISABLED

--- TANK 5 ---

CONFIGURED:	ENABLED
LABEL:	DEF
PRODUCT CODE:	5
PROBE NUMBER:	Pb 5: DEF
PROBE OFFSET:	0.00 INCHES
FULL VOLUME:	6184 GALLONS
DIAMETER:	119.4 INCHES
TILT:	0.00 INCHES
THERMAL COEFFICIENT:	0.000900
METER DATA PRESENT:	DISABLED
DELIVERY DELAY:	15 MINUTES
GROSS TEST FAIL:	ALARMS DISABLED
PERIODIC TEST FAIL:	ALARMS DISABLED
ANNUAL TEST FAIL:	ALARMS DISABLED
GOST VOLUME CORRECTION:	DISABLED

*** TANK SETUP - LIMITS ***

--- TANK 1 ---

MAX VOLUME:	15938 GALLONS
HIGH PRODUCT:	95%
DELIVERY OVERFILL:	90%
DELIVERY LIMIT:	10%
LOW PRODUCT:	2000 GALLONS
HIGH WATER WARNING:	1.00 INCHES
HIGH WATER ALARM:	2.00 INCHES
WATER ALARM FILTER LEVEL:	LOW
LEAK ALARM LIMIT:	99 GALLONS
SUDDEN LOSS LIMIT:	100 GALLONS
FUEL LOW TEMP LIMIT:	-58.000 DEG F
FUEL HIGH TEMP LIMIT:	140.000 DEG F

--- TANK 2 ---

MAX VOLUME:	6184 GALLONS
HIGH PRODUCT:	95%
DELIVERY OVERFILL:	90%
DELIVERY LIMIT:	10%
LOW PRODUCT:	1000 GALLONS
HIGH WATER WARNING:	1.00 INCHES
HIGH WATER ALARM:	2.00 INCHES
WATER ALARM FILTER LEVEL:	LOW
LEAK ALARM LIMIT:	99 GALLONS
SUDDEN LOSS LIMIT:	100 GALLONS
FUEL LOW TEMP LIMIT:	-58.000 DEG F
FUEL HIGH TEMP LIMIT:	140.000 DEG F

--- TANK 3 ---

MAX VOLUME:	14253 GALLONS
HIGH PRODUCT:	95%
DELIVERY OVERFILL:	90%
DELIVERY LIMIT:	10%
LOW PRODUCT:	2000 GALLONS
HIGH WATER WARNING:	1.00 INCHES
HIGH WATER ALARM:	2.00 INCHES
WATER ALARM FILTER LEVEL:	LOW
LEAK ALARM LIMIT:	99 GALLONS
SUDDEN LOSS LIMIT:	100 GALLONS
FUEL LOW TEMP LIMIT:	-58.000 DEG F
FUEL HIGH TEMP LIMIT:	140.000 DEG F

--- TANK 4 ---

MAX VOLUME:	10139 GALLONS
HIGH PRODUCT:	95%
DELIVERY OVERFILL:	90%
DELIVERY LIMIT:	10%
LOW PRODUCT:	2000 GALLONS
HIGH WATER WARNING:	1.00 INCHES
HIGH WATER ALARM:	2.00 INCHES
WATER ALARM FILTER LEVEL:	LOW
LEAK ALARM LIMIT:	99 GALLONS
SUDDEN LOSS LIMIT:	100 GALLONS
FUEL LOW TEMP LIMIT:	-58.000 DEG F
FUEL HIGH TEMP LIMIT:	140.000 DEG F

--- TANK 5 ---

MAX VOLUME:	6184 GALLONS
HIGH PRODUCT:	95%
DELIVERY OVERFILL:	90%
DELIVERY LIMIT:	10%
LOW PRODUCT:	1000 GALLONS
HIGH WATER WARNING:	1.00 INCHES
HIGH WATER ALARM:	2.00 INCHES
WATER ALARM FILTER LEVEL:	LOW
LEAK ALARM LIMIT:	99 GALLONS
SUDDEN LOSS LIMIT:	100 GALLONS
FUEL LOW TEMP LIMIT:	-58.000 DEG F
FUEL HIGH TEMP LIMIT:	140.000 DEG F

*** TANK SETUP - ENVIRONMENTAL TEST'S ***

TEST METHOD:	--- TANK 1 --- DISABLED
TEST METHOD:	--- TANK 2 --- DISABLED
TEST METHOD:	--- TANK 3 --- DISABLED
TEST METHOD:	--- TANK 4 --- DISABLED
TEST METHOD:	--- TANK 5 --- DISABLED

*** TANK SETUP - PROFILE ***

--- TANK 1 ---

4K PROFILE — FOUR POINT

#	HEIGHT	VOLUME
1	119.4	15938
2	89.5	12900

#	HEIGHT	VOLUME
003	59.7	8008
004	29.8	3076

--- TANK 2 ---

4K PROFILE — FOUR POINT

#	HEIGHT	VOLUME
1	119.4	6184
2	89.5	4976

#	HEIGHT	VOLUME
003	59.7	3167
004	29.8	1223

--- TANK 3 ---

4K PROFILE — FOUR POINT

#	HEIGHT	VOLUME
1	119.4	14253
2	89.5	11544

#	HEIGHT	VOLUME
003	59.7	7160
004	29.8	2340

--- TANK 4 ---

4K PROFILE — FOUR POINT

#	HEIGHT	VOLUME
1	119.4	10139
2	89.5	8158

#	HEIGHT	VOLUME
003	59.7	5093
004	29.8	2005

--- TANK 5 ---

4K PROFILE — FOUR POINT

#	HEIGHT	VOLUME
1	119.4	6184
2	89.5	4976

#	HEIGHT	VOLUME
003	59.7	3167
004	29.8	1223

*** TANK CHART SETUP - CHART'S ***

--- TANK 1 - CHART 1 ---

BEL:	*****
PE:	FOUR POINT
URCE:	USER ENTERED
ST CHANGE:	2025-05-29
ATUS:	ACTIVE
LUME ENTRY:	TOTAL VOLUME

#	HEIGHT	VOLUME
1	119.4	15938
2	89.5	12900

#	HEIGHT	VOLUME
003	59.7	8008
004	29.8	3076

--- TANK 2 - CHART 1 ---

BEL:	*****
PE:	FOUR POINT
URCE:	USER ENTERED
ST CHANGE:	2025-05-29
ATUS:	ACTIVE
LUME ENTRY:	TOTAL VOLUME

#	HEIGHT	VOLUME
1	119.4	6184
2	89.5	4976

#	HEIGHT	VOLUME
003	59.7	3167
004	29.8	1223

--- TANK 3 - CHART 1 ---

ABEL:	*****
YPE:	FOUR POINT
URCE:	USER ENTERED
AST CHANGE:	2025-04-28
TATUS:	ACTIVE
LUME ENTRY:	TOTAL VOLUME

#	HEIGHT	VOLUME
01	119.4	14253
02	89.5	11544

#	HEIGHT	VOLUME
003	59.7	7160
004	29.8	2743

--- TANK 4 - CHART 1 ---

ABEL:	*****
YPE:	FOUR POINT
URCE:	USER ENTERED
AST CHANGE:	2025-04-28
TATUS:	ACTIVE
LUME ENTRY:	TOTAL VOLUME

#	HEIGHT	VOLUME
01	119.4	10139
02	89.5	8158

#	HEIGHT	VOLUME
003	59.7	5093
004	29.8	2005

--- TANK 5 - CHART 1 ---

ABEL:	*****
YPE:	FOUR POINT
URCE:	USER ENTERED
ST CHANGE:	2025-04-28
TATUS:	ACTIVE
LUME ENTRY:	TOTAL VOLUME

#	HEIGHT	VOLUME
01	119.4	6184
02	89.5	4976

#	HEIGHT	VOLUME
003	59.7	3167
004	29.8	1223

*** TANK SETUP - SIPHON SETS ***

--- NO SIPHON SET DEFINED ---

*** TANK SETUP - ALL TANKS ***

LLAGE DISPLAY MODE:	FULL ULLAGE
	USER ULLAGE
ULL ULLAGE LABEL:	100% ULLAGE
SER ULLAGE:	90%
RINT TC VOLUMES:	DISABLED
C REFERENCE TEMPERATURE:	60 DEG F
ERIODIC TEST NEEDED	DISABLED
ARNINGS	23
AYS BEFORE PERIODIC WARNING:	30
AYS BEFORE PERIODIC ALARM	DISABLED
ANNUAL TEST NEEDED WARNINGS	353
AYS BEFORE ANNUAL WARNING	365
AYS BEFORE ANNUAL ALARM:	DISABLED
TC DENSITY	DISABLED
STICK HEIGHT	STANDARD
EAK TEST REPORT FORMAT	EPA
EAK TEST REGION	

*** PRODUCT LABEL ***

--- PRODUCT 1 ---

LABEL: EG Regular

--- PRODUCT 2 ---

LABEL: GS Clear Premium

--- PRODUCT 3 ---

LABEL: BS On Road Diesel

--- PRODUCT 4 ---

LABEL: Off Road Diesel

--- PRODUCT 5 ---

LABEL: DEF

*** TANK PRODUCT MAPPING ***

NAME	PRODUCT
T 1: EG Regular	P 1 EG Regular
T 2: GS Clear Premium	P 2 GS Clear Premium
T 3: BS On Road Diesel	P 3 BS On Road Diesel
T 4: Off Road Diesel	P 4 Off Road Diesel
T 5: DEF	P 5 DEF

*** PUMPS AND LINES - PUMP ***

--- NO DEVICE DEFINED ---

*** PUMPS AND LINES - LINE ***

--- NO DEVICE DEFINED ---

*** PUMPS AND LINES - PLLD ***

--- NO DEVICE DEFINED ---

LINE LOCKOUT SCHEDULE: Disabled

*** PUMPS AND LINES - ALL PLLD ***

LINE RE-ENABLE METHOD: PASS LINE TEST
PERIODIC TEST WARNINGS DISABLED
DAYS BEFORE PERIODIC WARNING: 25
DAYS BEFORE PERIODIC ALARM: 30
ANNUAL TEST WARNINGS DISABLED
DAYS BEFORE ANNUAL WARNING: 355
DAYS BEFORE ANNUAL ALARM: 365
PRECISION TEST DELAY: 12 HOURS

*** INVENTORY SETUP - REPORT TIMES ***

INVENTORY LOG INTERVAL: DISABLED
STORAGE LENGTH: 720

*** INVENTORY SETUP - SHIFT CLOSE METHOD ***

CLOSE METHOD: TIMED

*** INVENTORY SETUP - SHIFT TIMES ***

--- NO ACTIVE SHIFTS DEFINED ---

*** DELIVERY SETUP ***

DELIVERY METHOD: Standard Automatic
TANK IDLE DELIVERY: DISABLED

*** AUTOMATIC EVENTS - ADDRESS BOOK ***

--- CONTACT 1 ---
NAME: Rob Danhauser
E-MAIL: rdanhauser@wilcoxandflegel.com
E-MAIL TYPE: HTML E-MAIL
MODEM # (COMPUTER):
MODEM COM PORT: NOT ASSIGNED
MODEM DIAL-OUT STRING:
MODEM NUMBER OF RETRIES: 3
MODEM RETRY DELAY TIME: 3
MODEM IS HANGUP REQD: NO
FAX # (COMPUTER):
FAX COM PORT: NOT ASSIGNED
FAX DIAL-OUT STRING:
FAX NUMBER OF RETRIES: 3
FAX RETRY DELAY TIME: 3
REMOTE TCP / IP ADDRESS: 0.0.0.0
REMOTE TCP / IP PORT: 20001
LOCAL TCP/IP COM PORT: Co 13
TCP/IP NUMBER OF RETRIES: 3
TCP/IP RETRY DELAY TIME: 3
TCP/IP IS HANGUP REQD: NO
SATELLITE CONNECTION STRING:
SATELLITE COM PORT: NOT ASSIGNED
SATELLITE NUMBER OF RETRIES: 3
SATELLITE RETRY DELAY TIME: 3
SATELLITE IS HANGUP REQD: NO

--- CONTACT 2 ---
NAME: Maintenance
E-MAIL: maintenance@wilcoxandflegel.com
E-MAIL TYPE: HTML E-MAIL
MODEM # (COMPUTER):
MODEM COM PORT: NOT ASSIGNED
MODEM DIAL-OUT STRING:
MODEM NUMBER OF RETRIES: 3
MODEM RETRY DELAY TIME: 3
MODEM IS HANGUP REQD: NO
FAX # (COMPUTER):
FAX COM PORT: NOT ASSIGNED
FAX DIAL-OUT STRING:
FAX NUMBER OF RETRIES: 3
FAX RETRY DELAY TIME: 3
REMOTE TCP / IP ADDRESS: 0.0.0.0
REMOTE TCP / IP PORT: 20001
LOCAL TCP/IP COM PORT: Co 13
TCP/IP NUMBER OF RETRIES: 3
TCP/IP RETRY DELAY TIME: 3
TCP/IP IS HANGUP REQD: NO
SATELLITE CONNECTION STRING:
SATELLITE COM PORT: NOT ASSIGNED
SATELLITE NUMBER OF RETRIES: 3
SATELLITE RETRY DELAY TIME: 3
SATELLITE IS HANGUP REQD: NO

--- CONTACT 3 ---
NAME: Zabrinna
E-MAIL: zcoleman@wilcoxandflegel.com
E-MAIL TYPE: HTML E-MAIL
MODEM # (COMPUTER):
MODEM COM PORT: NOT ASSIGNED
MODEM DIAL-OUT STRING:
MODEM NUMBER OF RETRIES: 3
MODEM RETRY DELAY TIME: 3
MODEM IS HANGUP REQD: NO
FAX # (COMPUTER):
FAX COM PORT: NOT ASSIGNED
FAX DIAL-OUT STRING:
FAX NUMBER OF RETRIES: 3
FAX RETRY DELAY TIME: 3
REMOTE TCP / IP ADDRESS: 0.0.0.0
REMOTE TCP / IP PORT: 20001
LOCAL TCP/IP COM PORT: Co 13
TCP/IP NUMBER OF RETRIES: 3
TCP/IP RETRY DELAY TIME: 3
TCP/IP IS HANGUP REQD: NO
SATELLITE CONNECTION STRING:
SATELLITE COM PORT: NOT ASSIGNED
SATELLITE NUMBER OF RETRIES: 3
SATELLITE RETRY DELAY TIME: 3
SATELLITE IS HANGUP REQD: NO

--- CONTACT 4 ---
NAME: Dispatch
E-MAIL: dispatch@wilcoxandflegel.com
E-MAIL TYPE: HTML E-MAIL
MODEM # (COMPUTER):
MODEM COM PORT: NOT ASSIGNED
MODEM DIAL-OUT STRING:
MODEM NUMBER OF RETRIES: 3
MODEM RETRY DELAY TIME: 3
MODEM IS HANGUP REQD: NO
FAX # (COMPUTER):
FAX COM PORT: NOT ASSIGNED
FAX DIAL-OUT STRING:
FAX NUMBER OF RETRIES: 3
FAX RETRY DELAY TIME: 3
REMOTE TCP / IP ADDRESS: 0.0.0.0
REMOTE TCP / IP PORT: 20001
LOCAL TCP/IP COM PORT: NOT ASSIGNED
TCP/IP NUMBER OF RETRIES: 3
TCP/IP RETRY DELAY TIME: 3
TCP/IP IS HANGUP REQD: NO
SATELLITE CONNECTION STRING:
SATELLITE COM PORT: NOT ASSIGNED
SATELLITE NUMBER OF RETRIES: 3
SATELLITE RETRY DELAY TIME: 3
SATELLITE IS HANGUP REQD: NO

--- CONTACT 5 ---
NAME: Ryan
E-MAIL: rutz@wilcoxandflegel.com
E-MAIL TYPE: HTML E-MAIL
MODEM # (COMPUTER):
MODEM COM PORT: NOT ASSIGNED
MODEM DIAL-OUT STRING:
MODEM NUMBER OF RETRIES: 3
MODEM RETRY DELAY TIME: 3
MODEM IS HANGUP REQD: NO
FAX # (COMPUTER):
FAX COM PORT: NOT ASSIGNED
FAX DIAL-OUT STRING:
FAX NUMBER OF RETRIES: 3
FAX RETRY DELAY TIME: 3
REMOTE TCP / IP ADDRESS: 0.0.0.0
REMOTE TCP / IP PORT: 20001
LOCAL TCP/IP COM PORT: NOT ASSIGNED
TCP/IP NUMBER OF RETRIES: 3
TCP/IP RETRY DELAY TIME: 3
TCP/IP IS HANGUP REQD: NO
SATELLITE CONNECTION STRING:
SATELLITE COM PORT: NOT ASSIGNED
SATELLITE NUMBER OF RETRIES: 3
SATELLITE RETRY DELAY TIME: 3
SATELLITE IS HANGUP REQD: NO

--- CONTACT 6 ---
NAME: Chad
E-MAIL: cweller@wilcoxandflegel.com
E-MAIL TYPE: HTML E-MAIL
MODEM # (COMPUTER):
MODEM COM PORT: NOT ASSIGNED
MODEM DIAL-OUT STRING:
MODEM NUMBER OF RETRIES: 3
MODEM RETRY DELAY TIME: 3
MODEM IS HANGUP REQD: NO
FAX # (COMPUTER):
FAX COM PORT: NOT ASSIGNED
FAX DIAL-OUT STRING:
FAX NUMBER OF RETRIES: 3
FAX RETRY DELAY TIME: 3
REMOTE TCP / IP ADDRESS: 0.0.0.0
REMOTE TCP / IP PORT: 20001
LOCAL TCP/IP COM PORT: NOT ASSIGNED

TCP/IP RETRY TIME: 3
TCP/IP IS HANGUP REQD: NO
SATELLITE CONNECTION STRING:
SATELLITE COM PORT: NOT ASSIGNED
SATELLITE NUMBER OF RETRIES: 3
SATELLITE RETRY DELAY TIME: 3
SATELLITE IS HANGUP REQD: NO

--- CONTACT 7 ---
NAME: Briar K
E-MAIL: bkohlman@wilcoxandflegel.com
E-MAIL TYPE: HTML E-MAIL
MODEM # (COMPUTER):
MODEM COM PORT: NOT ASSIGNED
MODEM DIAL-OUT STRING:
MODEM NUMBER OF RETRIES: 3
MODEM RETRY DELAY TIME: 3
MODEM IS HANGUP REQD: NO
FAX # (COMPUTER):
FAX COM PORT: NOT ASSIGNED
FAX DIAL-OUT STRING:
FAX NUMBER OF RETRIES: 3
FAX RETRY DELAY TIME: 3
REMOTE TCP / IP ADDRESS: 0.0.0.0
REMOTE TCP / IP PORT: 20001
LOCAL TCP/IP COM PORT: NOT ASSIGNED
TCP/IP NUMBER OF RETRIES: 3
TCP/IP RETRY DELAY TIME: 3
TCP/IP IS HANGUP REQD: NO
SATELLITE CONNECTION STRING:
SATELLITE COM PORT: NOT ASSIGNED
SATELLITE NUMBER OF RETRIES: 3
SATELLITE RETRY DELAY TIME: 3
SATELLITE IS HANGUP REQD: NO

--- CONTACT 8 ---
NAME: Janella
E-MAIL: lengel@wilcoxandflegel.com
E-MAIL TYPE: HTML E-MAIL
MODEM # (COMPUTER):
MODEM COM PORT: NOT ASSIGNED
MODEM DIAL-OUT STRING:
MODEM NUMBER OF RETRIES: 3
MODEM RETRY DELAY TIME: 3
MODEM IS HANGUP REQD: NO
FAX # (COMPUTER):
FAX COM PORT: NOT ASSIGNED
FAX DIAL-OUT STRING:
FAX NUMBER OF RETRIES: 3
FAX RETRY DELAY TIME: 3
REMOTE TCP / IP ADDRESS: 0.0.0.0
REMOTE TCP / IP PORT: 20001
LOCAL TCP/IP COM PORT: NOT ASSIGNED
TCP/IP NUMBER OF RETRIES: 3
TCP/IP RETRY DELAY TIME: 3
TCP/IP IS HANGUP REQD: NO
SATELLITE CONNECTION STRING:
SATELLITE COM PORT: NOT ASSIGNED
SATELLITE NUMBER OF RETRIES: 3
SATELLITE RETRY DELAY TIME: 3
SATELLITE IS HANGUP REQD: NO

--- CONTACT 9 ---
NAME: Dylan
E-MAIL: dsanders@wilcoxandflegel.com
E-MAIL TYPE: HTML E-MAIL
MODEM # (COMPUTER):
MODEM COM PORT: NOT ASSIGNED
MODEM DIAL-OUT STRING:
MODEM NUMBER OF RETRIES: 3
MODEM RETRY DELAY TIME: 3
MODEM IS HANGUP REQD: NO
FAX # (COMPUTER):
FAX COM PORT: NOT ASSIGNED
FAX DIAL-OUT STRING:
FAX NUMBER OF RETRIES: 3
FAX RETRY DELAY TIME: 3
REMOTE TCP / IP ADDRESS: 0.0.0.0
REMOTE TCP / IP PORT: 20001
LOCAL TCP/IP COM PORT: Co 13
TCP/IP NUMBER OF RETRIES: 3
TCP/IP RETRY DELAY TIME: 3
TCP/IP IS HANGUP REQD: NO
SATELLITE CONNECTION STRING:
SATELLITE COM PORT: NOT ASSIGNED
SATELLITE NUMBER OF RETRIES: 3
SATELLITE RETRY DELAY TIME: 3
SATELLITE IS HANGUP REQD: NO

*** AUTOMATIC EVENTS - AUTODIAL TASKS ***

--- EVENT ID 1 ---
EVENT - Leak Alarm: Disabled
EVENT - High Water Alarm: Disabled
EVENT - Overfill Alarm: Disabled
EVENT - Low Limit Alarm: Disabled
EVENT - Theft Alarm: Disabled
EVENT - Delivery Start: Disabled
EVENT - Delivery Stop: Disabled
EVENT - External Input On: Disabled
EVENT - External Input Off: Disabled
EVENT - Sensor Fuel Alarm: Disabled
EVENT - Sensor Water Alarm: Disabled
EVENT - Sensor Out Alarm: Disabled
ACTION: Autodial
DEVICE: Co 1
DELAY TIME: 5 SECONDS
REPEAT TIME: 60 MINUTES

*** AUTOMATIC EVENTS - AUTOCONNECT TASKS ***

--- EVENT ID 3 ---
EVENT: UPGRADE AVAILABLE
EVENT - SETUP DATA WARNING: ALL TANKS
EVENT - LEAK ALARM: ALL TANKS
EVENT - HIGH WATER ALARM: ALL TANKS
EVENT - OVERFILL ALARM: ALL TANKS
EVENT - SUDDEN LOSS ALARM: ALL TANKS
EVENT - HIGH PRODUCT ALARM: ALL TANKS
EVENT - INVALID FUEL LEVEL: ALL TANKS
EVENT - PROBE OUT: ALL TANKS
EVENT - HIGH WATER WARNING: ALL TANKS
EVENT - MAX PRODUCT ALARM: ALL TANKS
EVENT - GROSS TEST FAIL: ALL TANKS
EVENT - PERIODIC TEST FAIL: ALL TANKS
EVENT - ANNUAL TEST FAIL: ALL TANKS
EVENT - PER TST NEEDED WRN: ALL TANKS
EVENT - PER TST NEEDED ALM: ALL TANKS
EVENT - TANK SIPHON BREAK: ALL TANKS
EVENT - RECON WARNING: ALL TANKS
EVENT - RECON ALARM: ALL TANKS
EVENT - LOW TEMP WARNING: ALL TANKS
EVENT - GROSS FAIL LINE TNK: ALL TANKS
EVENT - DENSITY WARNING: ALL TANKS
EVENT - FUEL QUALITY ALM: ALL TANKS
EVENT - HIGH TEMPERATURE ALARM: ALL TANKS
EVENT - LOW TEMPERATURE ALARM: ALL TANKS
EVENT - DENSITY OFFSET WARN: ALL TANKS
EVENT - SETUP DATA WARNING: ALL LIQUID SENSORS
EVENT - FUEL ALARM: ALL LIQUID SENSORS
EVENT - SENSOR OUT ALARM: ALL LIQUID SENSORS
EVENT - WATER ALARM: ALL LIQUID SENSORS
EVENT - SETUP DATA WARNING: ALL RELAYS
EVENT - DEVICE OUT WARNING: ALL RELAYS
EVENT - SETUP DATA WARNING: ALL PRODUCTS
EVENT: PRINTER ERROR
REPORT: Active Alarm Report
CONTACT: Rob Danhauser
CON. MODE: EMAIL

--- EVENT ID 5 ---
TIME: Daily, 6:00 AM
REPORT: Combined Tank Test Report, SLD Last Test Results, Liquid Sensor Status Report, Tank Status Report, Active Alarm Report
CONTACT: Rob Danhauser
CON. MODE: EMAIL

--- EVENT ID 6 ---
EVENT - LOW PRODUCT ALARM: ALL TANKS
REPORT: Current Inventory Report
CONTACT: Rob Danhauser
CON. MODE: EMAIL

--- EVENT ID 7 ---
TIME: Weekly, Monday, 6:00 AM
REPORT: SLD Last Test Results
CONTACT: Zabrinna
CON. MODE: EMAIL

--- EVENT ID 8 ---
EVENT - LOW PRODUCT ALARM: ALL TANKS
EVENT - DELIVERY NEEDED: ALL TANKS
REPORT: Current Inventory Report
CONTACT: Dispatch
CON. MODE: EMAIL

--- EVENT ID 9 ---
TIME: Daily, 5:21 PM
REPORT: Sensor Status History Report
CONTACT: Rob Danhauser
CON. MODE: EMAIL

--- EVENT ID 10 ---
EVENT - SETUP DATA WARNING: ALL TANKS
EVENT - LEAK ALARM: ALL TANKS
EVENT - HIGH WATER ALARM: ALL TANKS
EVENT - [illegible]: ALL TANKS
EVENT - INVALID FUEL LEVEL: ALL TANKS
EVENT - PROBE OUT: ALL TANKS
EVENT - HIGH WATER WARNING: ALL TANKS
EVENT - MAX PRODUCT ALARM: ALL TANKS
EVENT - GROSS TEST FAIL: ALL TANKS
EVENT - PERIODIC TEST FAIL: ALL TANKS
EVENT - ANNUAL TEST FAIL: ALL TANKS
EVENT - PER TST NEEDED WRN: ALL TANKS
EVENT - ANN TST NEEDED WRN: ALL TANKS
EVENT - PER TST NEEDED ALM: ALL TANKS
EVENT - ANN TST NEEDED ALM: ALL TANKS
EVENT - TANK SIPHON BREAK: ALL TANKS
EVENT - RECON WARNING: ALL TANKS
EVENT - RECON ALARM: ALL TANKS
EVENT - LOW TEMP WARNING: ALL TANKS
EVENT - GROSS FAIL LINE TNK: ALL TANKS
EVENT - DENSITY WARNING: ALL TANKS
EVENT - FUEL QUALITY ALM: ALL TANKS
EVENT - HIGH TEMPERATURE ALARM: ALL TANKS
EVENT - LOW TEMPERATURE ALARM: ALL TANKS
EVENT - DENSITY OFFSET WARN: ALL TANKS
REPORT: Active Alarm Report
CONTACT: Zabrinna
CON. MODE: EMAIL

--- EVENT ID 11 ---
TIME: Daily, 6:00 AM
REPORT: Sensor Status History Report
CONTACT: Rob Danhauser
CON. MODE: EMAIL

*** AUTOMATIC EVENTS - DEVICE TASKS ***

--- EVENT ID 2 ---
EVENT - HIGH PRODUCT ALARM: ALL TANKS
EVENT - MAX PRODUCT ALARM: ALL TANKS
EVENT - OVERFILL ALARM: ALL TANKS
ACTION:
DEVICE: R 1 HLA Alarm

*** AUTOMATIC EVENTS - PRINT TASKS ***

--- EVENT ID 4 ---
TIME: Weekly, Monday, 6:00 AM
REPORT: Sensor Status History Report
DEVICE: TLSIntegralPrinter

*** SYSTEM ADMINISTRATION - ROLES ADMIN ***

--- PREDEFINED ROLES ---
Administrator
Operator
Service Provider

--- CUSTOM ROLES ---
Regulator
Tank Screen

*** SYSTEM ADMINISTRATION - USERS ADMIN ***

--- USER 1 ---
USER: robert
FULL NAME: Rob Danhauser
ROLE: Administrator
EMAIL: rdanhauser@wilcoxandflegel.com

--- USER 2 ---
USER: maintenance
FULL NAME: Maintenance
ROLE: Administrator
EMAIL: maintenance@wilcoxandflegel.com

--- USER 3 ---
USER: bkohlman
FULL NAME: Briar Kohlman
ROLE: Administrator
EMAIL: bkohlman@wilcoxandflegel.com

--- USER 4 ---
USER: cweller
FULL NAME: Chad Weller
ROLE: Administrator
EMAIL: cweller@wilcoxandflegel.com

--- USER 5 ---
USER: ryan
FULL NAME: Ryan Utz
ROLE: Administrator
EMAIL: rutz@wilcoxandflegel.com

--- USER 6 ---
USER: rdanhauser
FULL NAME: Robert Danhauser
ROLE: Administrator
EMAIL: rdanhauser@wilcoxandflegel.com

--- USER 7 ---
USER: zcoleman
FULL NAME: Zabrinna Coleman
ROLE: Administrator
EMAIL: zcoleman@wilcoxandflegel.com

--- USER 8 ---
USER: dsanders
FULL NAME: Dylan Sanders
ROLE: Administrator
EMAIL: dsanders@wilcoxandflegel.com

*** SYSTEM SETUP - SECURITY ***

FRONT PANEL SECURITY: DISABLED
SERIAL COMMAND PORT: ENABLED
SSH PORT: ENABLED
SERIAL COMMAND OVER SSH: DISABLED
HTTPS PORT (WEB ACCESS): ENABLED
USER ADMIN VIA WEB: ENABLED

*** COMMUNICATION SETUP - USB PORT ***

--- NO USB PORT DEFINED ---

*** COMMUNICATION SETUP - PROTOCOLS ***

EURO PROTOCOL PREFIX: S
V-PROTOCOL DATA FORMAT: HEIGHT

*** CUSTOM ALARM LABELS ***

CUSTOM ALARMS: DISABLED

*** OVERVIEW - TANK OVERVIEW ***

FUEL VOLUME: ENABLED
FULL ULLAGE: DISABLED
USER ULLAGE: ENABLED
FUEL TC VOLUME: DISABLED
TEMPERATURE: DISABLED
FUEL HEIGHT: ENABLED
WATER VOLUME: ENABLED
WATER HEIGHT: ENABLED
DENSITY: DISABLED
TC DENSITY: DISABLED
MASS: DISABLED
STICK HEIGHT: DISABLED
DELIVERED QTY: DISABLED
MANIFOLD DEL: DISABLED
TEMPERATURE ON TANK: ENABLED
VOLUME ON TANK: ENABLED

*** PRINTERS - SETUP ***

--- PRINTER 1 ---
CONFIGURED: ENABLED
PRINTER: CUSTOM_Engineering_MB01X_640_USB_1
IS DEFAULT: YES
LABEL: TLSIntegralPrinter
URI: aps://dev/bus/usb?type=usb+vid=354C-pid=584
DRIVER SELECTION: MANUAL
DRIVER: APS CP324HRS, 0.16.0
PAPER SIZE: Roll82.5mm
LINE FEED COUNT: 0

*** SYSTEM SETUP - SENSOR HISTORY BY PERIOD ***

PERIOD TYPE: BY MONTH

10/14/25 4:15 PM

Rainier Pac Pride
75719 Rockcrest St
Rainier, OR 97048

Selected Range:
09/29/25 12:00 AM - 10/14/25 11:59 PM

Alarm History Report - All Alarms

All Alarms

ID	L 4
LABEL	T1-T4 Annular
DESCRIPTION	FUEL ALARM
ACTIVE	10/14/25 3:29P
CLEAR	10/14/25 3:37P

ID	L 1
LABEL	T2-T3-T5 Annular
DESCRIPTION	FUEL ALARM
ACTIVE	10/14/25 3:29P
CLEAR	10/14/25 3:37P

ID	T 4
LABEL	Off Road Diesel
DESCRIPTION	LOW PRODUCT ALARM
ACTIVE	10/14/25 3:11P
CLEAR	10/14/25 3:11P

ID	T 2
LABEL	GS Clear Premium
DESCRIPTION	LOW PRODUCT ALARM
ACTIVE	10/14/25 3:03P
CLEAR	10/14/25 3:03P

ID	T 2
LABEL	GS Clear Premium
DESCRIPTION	HIGH PRODUCT ALARM
ACTIVE	10/14/25 2:59P
CLEAR	10/14/25 3:03P

ID	T 4
LABEL	Off Road Diesel
DESCRIPTION	OVERFILL ALARM
ACTIVE	10/14/25 2:57P
CLEAR	10/14/25 3:13P

ID	T 4
LABEL	Off Road Diesel
DESCRIPTION	HIGH PRODUCT ALARM
ACTIVE	10/14/25 2:57P
CLEAR	10/14/25 3:11P

ID	T 2
LABEL	GS Clear Premium
DESCRIPTION	OVERFILL ALARM
ACTIVE	10/14/25 2:57P
CLEAR	10/14/25 3:18P

ID	T 1
LABEL	EG Regular
DESCRIPTION	OVERFILL ALARM
ACTIVE	10/14/25 2:56P
CLEAR	10/14/25 3:12P

ID	T 3
LABEL	B5 On Road Diesel
DESCRIPTION	OVERFILL ALARM
ACTIVE	10/14/25 2:56P
CLEAR	10/14/25 3:12P

ID	T 1
LABEL	EG Regular
DESCRIPTION	HIGH PRODUCT ALARM
ACTIVE	10/14/25 2:56P
CLEAR	10/14/25 3:10P

ID	T 3
LABEL	B5 On Road Diesel
DESCRIPTION	HIGH PRODUCT ALARM
ACTIVE	10/14/25 2:56P
CLEAR	10/14/25 3:08P

ID	T 3
LABEL	B5 On Road Diesel
DESCRIPTION	HIGH WATER ALARM
ACTIVE	10/14/25 2:44P
CLEAR	10/14/25 3:10P

ID	T 3
LABEL	B5 On Road Diesel
DESCRIPTION	HIGH WATER WARNING
ACTIVE	10/14/25 2:44P
CLEAR	10/14/25 3:10P

ID	L 8
LABEL	Transition STP
DESCRIPTION	FUEL ALARM
ACTIVE	10/14/25 2:44P
CLEAR	10/14/25 3:20P

ID	T 2
LABEL	GS Clear Premium
DESCRIPTION	HIGH WATER ALARM
ACTIVE	10/14/25 2:43P
CLEAR	10/14/25 3:06P

ID	
LABEL	
DESCRIPTION	GS Clear Premium
ACTIVE	HIGH WATER WARNING
CLEAR	10/14/25 2:43P
	10/14/25 3:06P

ID	L 5
LABEL	EG Regular STP
DESCRIPTION	FUEL ALARM
ACTIVE	10/14/25 2:42P
CLEAR	10/14/25 3:12P

ID	T 5
LABEL	DEF
DESCRIPTION	OVERFILL ALARM
ACTIVE	10/14/25 2:41P
CLEAR	10/14/25 2:57P

ID	L 2
LABEL	On Road DSL STP
DESCRIPTION	FUEL ALARM
ACTIVE	10/14/25 2:41P
CLEAR	10/14/25 3:10P

ID	T 4
LABEL	Off Road Diesel
DESCRIPTION	HIGH WATER ALARM
ACTIVE	10/14/25 2:40P
CLEAR	10/14/25 3:14P

ID	T 4
LABEL	Off Road Diesel
DESCRIPTION	HIGH WATER WARNING
ACTIVE	10/14/25 2:40P
CLEAR	10/14/25 3:14P

ID	L 6
LABEL	Off Road DSL STP
DESCRIPTION	FUEL ALARM
ACTIVE	10/14/25 2:39P
CLEAR	10/14/25 2:50P

ID	L 7
LABEL	Clear Premium STP
DESCRIPTION	FUEL ALARM
ACTIVE	10/14/25 2:37P
CLEAR	10/14/25 3:05P

ID	L 11
LABEL	Disp 5-6
DESCRIPTION	FUEL ALARM
ACTIVE	10/14/25 2:20P
CLEAR	10/14/25 2:24P

ID	L 10
LABEL	Disp 3-4
DESCRIPTION	FUEL ALARM
ACTIVE	10/14/25 2:19P
CLEAR	10/14/25 2:23P

ID	L 9
LABEL	Disp 1-2
DESCRIPTION	FUEL ALARM
ACTIVE	10/14/25 2:19P
CLEAR	10/14/25 2:22P

ID	L 12
LABEL	Disp 7
DESCRIPTION	FUEL ALARM
ACTIVE	10/14/25 2:18P
CLEAR	10/14/25 2:21P

ID	L 13
LABEL	Disp 8
DESCRIPTION	FUEL ALARM
ACTIVE	10/14/25 2:17P
CLEAR	10/14/25 2:20P

ID	L 14
LABEL	Disp 10-11
DESCRIPTION	FUEL ALARM
ACTIVE	10/14/25 2:16P
CLEAR	10/14/25 2:19P

ID	L 15
LABEL	Disp 12
DESCRIPTION	FUEL ALARM
ACTIVE	10/14/25 2:15P
CLEAR	10/14/25 2:18P

ID	L 16
LABEL	Disp 12 Sat
DESCRIPTION	FUEL ALARM
ACTIVE	10/14/25 2:13P
CLEAR	10/14/25 2:16P

ID	T 1
LABEL	EG Regular
DESCRIPTION	HIGH WATER ALARM
ACTIVE	10/14/25 2:01P
CLEAR	10/14/25 3:13P

ID	T 1
LABEL	EG Regular
DESCRIPTION	HIGH WATER WARNING
ACTIVE	10/14/25 2:01P
CLEAR	10/14/25 3:13P

ID	L 3
LABEL	DEF STP
DESCRIPTION	FUEL ALARM
ACTIVE	10/14/25 1:59P
CLEAR	10/14/25 3:11P

10/14/25 3:17 PM

Rainier Pac Pride
75719 Rockcrest St
Rainier, OR 97048

CURRENT INVENTORY REPORT

TANK 1: EG Regular

VOLUME	=	8791 GALS
100% ULLAGE	=	7147 GALS
90% ULLAGE	=	5553 GALS
HEIGHT	=	64.25 INCHES
WATER	=	0.00 INCHES
WATER VOL	=	0 GALS
TEMP	=	70.63 DEG F

TANK 2: GS Clear Premium

VOLUME	=	4150 GALS
100% ULLAGE	=	2034 GALS
90% ULLAGE	=	1416 GALS
HEIGHT	=	75.86 INCHES
WATER	=	0.00 INCHES
WATER VOL	=	0 GALS
TEMP	=	66.73 DEG F

TANK 3: B5 On Road Diesel

VOLUME	=	4238 GALS
100% ULLAGE	=	10015 GALS
90% ULLAGE	=	8590 GALS
HEIGHT	=	40.56 INCHES
WATER	=	0.00 INCHES
WATER VOL	=	0 GALS
TEMP	=	70.60 DEG F

TANK 4: Off Road Diesel

VOLUME	=	6176 GALS
100% ULLAGE	=	3963 GALS
90% ULLAGE	=	2949 GALS
HEIGHT	=	69.86 INCHES
WATER	=	0.00 INCHES
WATER VOL	=	0 GALS
TEMP	=	75.15 DEG F

TANK 5: DEF

VOLUME	=	3293 GALS
100% ULLAGE	=	2891 GALS
90% ULLAGE	=	2273 GALS
HEIGHT	=	62.54 INCHES
TEMP	=	72.08 DEG F

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT – UNDERGROUND STORAGE TANK

STATE OF OREGON

This endorsement modifies insurance provided under the following:

POLLUTION LIABILITY COVERAGE FORM

Period of Coverage:	From:	**02/01/2025**	To:	**02/01/2026**

Named Insured Name and Mailing Address	**Insurer Name and Mailing Address**
WILSON OIL INC DBA WILCOX AND FLEGEL OIL COMPANY PO BOX 69 LONGVIEW, WA 98632	**MID CONTINENT CASUALTY COMPANY 1437 SOUTH BOULDER, SUITE 200 TULSA, OK 74119**

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering the following underground storage tank(s):

Facility ID	Name and Location Address	#PST
6109	**RAINIER PACIFIC PRIDE 75719 ROCK CREST ST RAINIER, OR 97048**	**0003**

For taking corrective action and/or compensating third parties for bodily injury and property damage caused by accidental releases; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy; arising from operating the underground storage tank(s) identified above.

The limits of liability are	$	**1,000,000**	for each occurrence	$	**1,000,000**
For the annual aggregate, exclusive of legal defense costs. This coverage is provided under the Policy Number					
provided above.	The effective date of said policy is:		**02/01/2025**		

2. The Insurance afforded with respect to these occurrences is subject to all the terms and conditions of the policy; provided, however, that any provisions inconsistent with subparagraphs (a) – (e) of this paragraph are to be amended to confirm with these subparagraph:

a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.

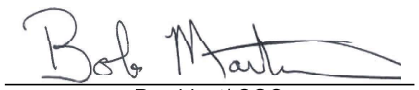
b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy, to the provider of corrective action or a damaged third party, with a right of reimbursement by the insured for any payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95 – 280.102.

c. Whenever requested by the Director of an implementing agency, the Insurer agrees to furnish to the Director a signed duplicate original of the policy and all endorsements.

d. Cancellation or any other termination of the insurance by the Insurer, except for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the insured. Cancellation for non-payment of premium or misrepresentation by the insured will be effective only upon written notice and only after expiration of a minimum of 10 working days after a copy of such written notice is received by the insured.

e. The insurance covers claims otherwise covered by the policy that are reported to the Insurer within six months of the effective date of cancellation or non-renewal of the policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy, and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in 40 CFR 280.97(b)(1) and that the Insurer is licensed to transact the business of insurance in Oregon.



President/ COO
Authorized Representative of
MID-CONTINENT CASUALTY
COMPANY