



**NOTICE OF INSPECTION**  
State Form 50890 (R3 / 11-05)

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**  
100 N. Senate Avenue  
Indianapolis, IN 46204-2251  
Telephone: (800) 451-6027 or (317) 232-8603

This is to notify you that on July 18, 2018 an inspection of Cisco K 2293 FID: 202 was conducted by the undersigned representative of the Indiana Department of Environmental Management (IDEM), Office of Land Quality.

**Type of Inspection (may include more than one):**

- Compliance  
 \_\_\_\_\_  
 \_\_\_\_\_
- Complaint  
 Multi-Media Screening Evaluation  
 Other \_\_\_\_\_

**Preliminary Inspection/Screening Findings:**

These findings are considered preliminary and identify specific compliance issues discovered during the above-noted inspection that the designated agent of IDEM believes may be a violation of a statute(s), rule(s) or permit(s) issued by IDEM.

**Single Media Inspection:**

- No violations were discovered with respect to the particular items observed during the inspection.  
 Violations were discovered but corrected during the inspection.  
 Violations were discovered and require a submittal from you and/or follow-up inspection by IDEM.  
 Violations were discovered and may subject you to an appropriate enforcement response.  
 Additional information/review is required to evaluate overall compliance.  
 Other / Comments (attachment may be included) \_\_\_\_\_

**Multi-Media Screening (Please note that a multi-media screening is not a comprehensive evaluation of the compliance status of the facility):**

- Multi-media screening not conducted.  
 No violations were discovered with respect to the limited multi-media screening conducted by IDEM.  
 Potential violations were discovered but corrected during the inspection.  
 Potential violations were discovered and may be further investigated.

**Pollution Prevention:**

Pollution prevention is the preferred means of environmental protection in Indiana. The goal of pollution prevention is to promote changes in business and commercial operation, especially manufacturing processes, so that Indiana businesses increase productivity, generate less environmental wastes, reduce their regulatory responsibilities and become more profitable. Your participation in Indiana's pollution prevention program is entirely voluntary. If you have any pollution prevention questions, you may contact our Office of Pollution Prevention and Technical Assistance (OPPTA) at (317) 232-8172 or (800) 988-7901, or visit OPPTA's Web site at [www.idem.IN.gov/oppta/p2/](http://www.idem.IN.gov/oppta/p2/). Would your company like to be contacted by IDEM's Office of Pollution Prevention and Technical Assistance?  Yes  No

**Compliance Assistance:**

In addition to the compliance assistance offered by IDEM's individual programs, IDEM's Compliance and Technical Assistance Program (CTAP) offers free, confidential compliance assistance to regulated entities, including small businesses and municipalities, throughout Indiana. In the future, if you would like to request free, confidential compliance assistance, call (317) 232-8172 or (800) 988-7901, or visit CTAP's Web site at [www.idem.IN.gov/ctap](http://www.idem.IN.gov/ctap).

A summary of violations and concerns noted during the inspection was verbally communicated to the undersigned representative during the inspection. The facility should correct any violations noted as soon as possible. Violations identified and corrected during the inspection may still be cited as violations.

A written inspection summary will be provided within 45 days. In accordance with IC 13-14-5-4, matters not evident to IDEM at the time of the inspection might not be included in either the verbal or written inspection summary.

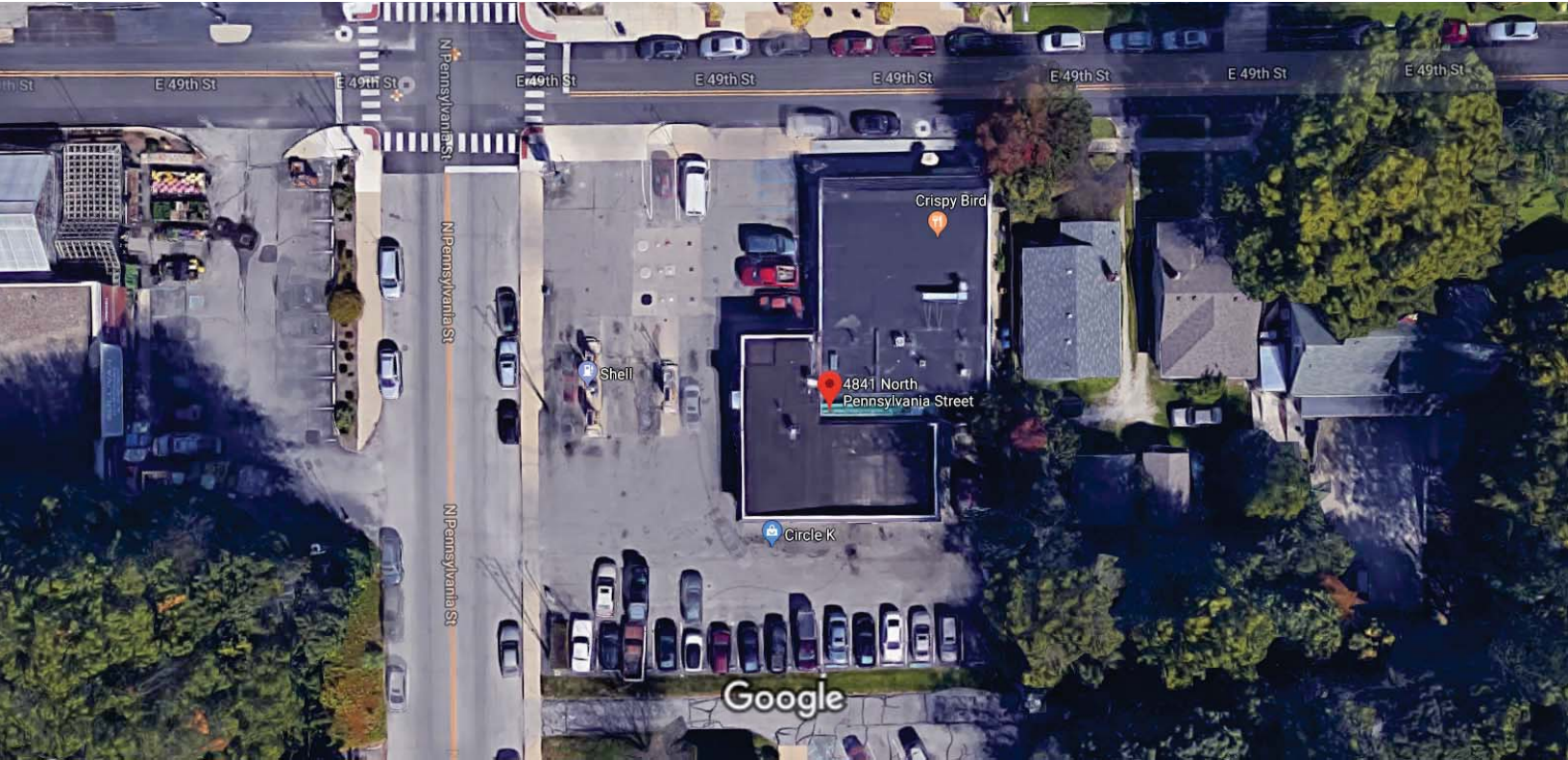
**IDEM Representative:**

Printed Name	Signature	Phone Number	Date	Time
Ashley McElroy	<i>Ashley McElroy</i>	317-619-7579	7-18-18	In: 12P Out: 1:15P

**Owner/Agent Representative:**

Printed Name	Signature	Title	Phone Number	Date
Joyce Turner Rice	<i>Joyce Turner Rice</i>	Cashier	317-94- 9952	7-18-18





Imagery ©2018 Google, Map data ©2018 Google 20 ft



### 4841 N Pennsylvania St

Indianapolis, IN 46205



At this location





# NOTIFICATION FOR UNDERGROUND STORAGE TANKS

State Form 45223 (R5 / 1-14)

RETURN COMPLETED FORMS TO:  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF LAND QUALITY, UST SECTION  
100 N. Senate Avenue  
Indianapolis, IN 46204-2266  
UST: (317) 232-7412 (Toll-Free: 1-800-317) 232-8900

RECEIVED  
MAY 19 2015

MAY 19 2015  
Page: 1 of 4

202	: Facility ID Number
19740	: Owner/Operator ID Number

Notification is required by Federal and State laws for all storage tanks that have been used to store regulated substances after January 1, 1974. The information requested is required by Indiana Code 329 IAC 9, as amended. Specific detailed instructions for the completion of this form may be obtained by contacting the UST Section at the above address.

Instructions for this form can be found at [http://www.in.gov/idem/files/form\\_ust\\_notification\\_instructions.doc](http://www.in.gov/idem/files/form_ust_notification_instructions.doc)

## A TYPE OF NOTIFICATION

THIS NOTIFICATION FORM PROVIDES INFORMATION FOR (CHECK ALL THAT APPLY):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> A NEW FACILITY   | <input checked="" type="checkbox"/> AN ADDRESS CHANGE   | <input type="checkbox"/> A TEMPORARY CLOSURE   |
| <input type="checkbox"/> A NEW OWNER      | <input type="checkbox"/> A CHANGE OF OWNERSHIP          | <input type="checkbox"/> A REQUEST FOR CLOSURE<br><i>Attach workplan for in-place closure.</i> |
| <input type="checkbox"/> A NEW TANK       | <input type="checkbox"/> A CHANGE IN SERVICE            | <input type="checkbox"/> A PERMANENT CLOSURE   |
| <input type="checkbox"/> A SYSTEM UPGRADE | <input checked="" type="checkbox"/> OTHER <u>UPDATE</u> |  |

## B FACILITY LOCATION

FACILITY NAME  
Circle K # 2293

FACILITY ADDRESS (number and street)  
4841 Pennsylvania St.

CITY STATE  
Indianapolis IN

ZIP CODE TELEPHONE NUMBER  
46205-1743 317-921-9952

COUNTY GPS LOCATION (UTM)  
Marion 39.842249 -86.154299

## C FACILITY OPERATOR

OPERATOR NAME  
Mac's Convenience Stores, LLC.

OPERATOR ADDRESS (number and street)  
PO Box 347

CITY STATE  
Columbus IN

ZIP CODE TELEPHONE NUMBER  
47202 812-379-9227

FEDERAL ID NUMBER EMAIL ADDRESS  
98-0349427 mjordan@circlek.com

## D PROPERTY OWNER

PROPERTY OWNER NAME  
Mac's Convenience Stores, LLC

PROPERTY OWNER ADDRESS (number and street)  
PO Box 347

CITY STATE  
Columbus IN

ZIP CODE TELEPHONE NUMBER  
47202 812-379-9227

FEDERAL ID NUMBER TAX ID NUMBER  
98-0349427 111062730

EFFECTIVE DATE OF OWNERSHIP EMAIL ADDRESS  
3/16/2006 mjordan@circlek.com

## E UST OWNER

UST OWNER NAME (X) *Mark if same as Property owner*  
Mac's Convenience Stores LLC

UST OWNER ADDRESS (number and street)  
PO Box 347

CITY STATE  
Columbus IN

ZIP CODE TELEPHONE NUMBER  
47202 812-379-9227

FEDERAL ID NUMBER TAX ID NUMBER  
98-0349427 111062730

EFFECTIVE DATE OF OWNERSHIP (mm/dd/yy) EMAIL ADDRESS  
3/16/2006 mjordan@circlek.com

## F CONTACT AT UST LOCATION

NAME OF CONTACT PERSON AT UST LOCATION "Class C Operator on Duty"	NUMBER OF USTs AT THIS LOCATION 3
JOB TITLE STORE MANAGER	TELEPHONE NUMBER 317-921-9952
	NUMBER OF PAGES ATTACHED TO THIS 4



**G CERTIFICATION OF FINANCIAL RESPONSIBILITY**

I am familiar with the requirements for Financial Responsibility under 329 IAC 9-8 and have read the instructions for this form. I have copied only the bold and underlined text from Section G of the instructions in the box below that describes the type of Financial Responsibility I have for this site and I understand that I must produce evidence of this upon request.

**3**      **6. D. ELTF Liability Insurance (9-8-11(c)(4))**

TITLE <b>ENV/COMP MGR</b>	NAME <b>Matthew Jordan</b>	SIGNATURE 	DATE (month/day/year) <b>1/30/2015</b>
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**H THIRTY (30) DAY REQUEST FOR UST CLOSURE**

To request a UST closure, mark "A Request for Closure" in Section A, Type of Notification. Complete the entire form as with other types of notifications and fill in the requested information below.

PROPOSED CONTRACTOR	LUST INCIDENT INFORMATION
CONTRACTOR COMPANY	LUST INCIDENT NUMBER (IF APPLICABLE)
CONTRACTOR NAME	DATE INCIDENT REPORTED (month/day/year)
CERTIFICATION NUMBER	<p><b>*NOTE: Any UST closures must be performed by persons certified by the Indiana State Fire Marshal. City/County Fire Departments, the Indiana State Fire Marshal, and IDEM's UST Section must be notified 14 days prior to closure. Please report to the Leaking Underground Storage Tank Section at (317) 232-8900 if signs of soil or groundwater contamination are observed. Indiana State Fire Marshal (317) 232-2222</b></p>
STREET ADDRESS (number and street)	
CITY	
STATE	
ZIP CODE	TELEPHONE NUMBER

**I CONTRACTOR COMPLIANCE CERTIFICATION: ATTACH AS-BUILT UST PLANS**

OATH: I certify that the information concerning installation, testing, upgrade, closure, removal and change-in-service provided in this notification is true and correct to the best of my knowledge.

NAME OF CONTRACTOR/CONSULTANT	NAME OF COMPANY	AS-BUILTS ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED)	CERTIFICATION NUMBER	DATE (month/day/year)

**J OPERATOR CERTIFICATION**

OATH: I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

NAME OF OPERATOR OR AUTHORIZED REPRESENTATIVE <b>Matthew Jordan</b>	NAME OF COMPANY <b>Mac's Convenience Stores, LLC</b>	LEASE ATTACHED (Affidavit Attached) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SIGNATURE (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED) 	DRIVERS LICENCE NUMBER <b>On File with IDEM</b>	DATE (month/day/year) <b>1/30/2015</b>

**K PROPERTY OWNER CERTIFICATION**

OATH: I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

NAME OF PROPERTY OWNER OR AUTHORIZED REPRESENTATIVE 	NAME OF COMPANY <b>Mac's Convenience Stores, LLC</b>	DEED ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SIGNATURE (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED) 	DRIVERS LICENCE NUMBER	DATE (month/day/year) <b>1/30/2015</b>

**L UST OWNER CERTIFICATION**

OATH: I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

NAME OF UST OWNER OR AUTHORIZED REPRESENTATIVE 	NAME OF COMPANY <b>Mac's Convenience Stores LLC</b>	OWNER DOC ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SIGNATURE (IN INK - NO PHOTOCOPIES WILL BE ACCEPTED) 	DRIVERS LICENCE NUMBER	DATE (month/day/year) <b>1/30/2015</b>



**M NUMBER OF UNDERGROUND STORAGE TANKS**

Complete a column for each tank. Attach additional sheets when number of USTs exceeds six (6).

SEQUENTIAL UST NUMBER	1	2	3			
OWNER-SPECIFIED UST NUMBER						
IS THIS A COMPARTMENTED UST? (mm/dd/yyyy) DATE INSTALLED	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N 1/1/75	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N 1/1/75	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N 1/1/75	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
(gallons) CAPACITY	10K	10K	10K			

**N STATUS OF UNDERGROUND STORAGE TANKS**

1. CURRENTLY IN USE (mm/dd/yyyy) Date Brought Into Use	<input checked="" type="checkbox"/> 1/1/75	<input checked="" type="checkbox"/> 1/1/75	<input checked="" type="checkbox"/> 1/1/75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. TEMPORARILY OUT OF USE (mm/dd/yyyy) Date Last Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PERMANENTLY OUT OF USE (mm/dd/yyyy) Date Removed From Ground (mm/dd/yyyy) Date Filled In-Place (mm/dd/yyyy) Date of Change-in-Service						
4. REQUESTING CLOSURE Removal Closure In-Place Closure	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**O SUBSTANCE CURRENTLY OR LAST STORED IN USTs**

1. PETROLEUM						
Gasoline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biofuel%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(specify) Other						
2. HAZARDOUS SUBSTANCE						
CERCLA Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Abstract Service Number						
Mixture of Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**P UST CONSTRUCTION MATERIAL**

Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Steel with Fiberglass Jacket) Clad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product stored in tank is compatible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(specify) Other						

**Q UST CORROSION PROTECTION**

Interior Lining (mm/dd/yyyy) Date Liner Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Galvanic) Sacrificial Anodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(mm/dd/yyyy) Date Anodes Installed						
(specify) Other						



Complete a column for each UST. Attach additional sheets when number of USTs exceeds six (6).

SEQUENTIAL UST NUMBER	<u>1</u>	<u>2</u>	<u>3</u>			
OWNER-SPECIFIED UST NUMBER						

R PIPING CONSTRUCTION AND PROTECTION							
Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Galvanic) Sacrificial Anodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product stored in tank is compatible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(specify) Other							

S UST RELEASE DETECTION							
Automatic Tank Gauging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring / Barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Method							

T PIPING TYPE AND RELEASE DETECTION							
Suction	European Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	American Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressurized	Auto Leak Detector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Flow Restrictor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Flow Shut Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must Check One.	Audible Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Automatic Tank Gauge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must Check One.	SIR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Line Tightness Testing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

U SPILL AND OVERFILL PREVENTION EQUIPMENT							
Catchment Basins	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto Shutoff Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overfill Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ball Float Valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under-Dispenser Containment Sumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify below) Another Method							

V COMPLIANCE SPECIFIC TO THIS INSTALLATION, UPGRADE OR CLOSURE							
Contractor certified by IDHS-DFBS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work inspected by IDHS-DFBS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer certified by manufacturer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work inspected by registered PE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify below) Another Method							



STATE OF INDIANA )  
 )  
COUNTY OF BARTHOLOMEW )

BEFORE THE INDIANA DEPARTMENT  
OF ENVIRONMENTAL MANAGEMENT

**OWNER AFFIDAVIT FOR REAL PROPERTY and UST SITE**

- 1 I am over the age of eighteen, am competent to testify on behalf of lessee, and have personal knowledge of the matters discussed herein. This affidavit is made solely for the purpose of the attached UST Notification and for no other purpose.
- 2 I am the Environmental and Compliance Manager for Mac's Convenience Stores LLC ("Mac's").
- 3 Mac's is the OWNER of real property and USTs located at 4841 Pennsylvania St. Indianapolis IN ("Site"), to which IDEM has assigned Facility ID Number (FID) 202 also known as Circle K # 2293.
- 4 Mac's is the UST operator at the referenced UST Site known as Circle K # 2293.
- 5 This affidavit does not replace or modify any rights or obligations of lessee, lessor or third parties.

I affirm, under penalty of perjury that the above statements are true to the best of my knowledge.

(To Be Signed in Ink)

  
Matthew Jordan  
Compliance and Environmental Manager, Mac's Convenience Stores LLC

STATE OF INDIANA )  
 )  
COUNTY OF BATHOLOMEW )

SUBSCRIBED AND SWORN to before me a Notary Public in and for said County and State, this

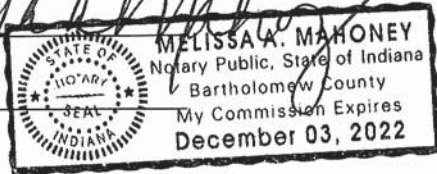
day of March 13, 2015

Commission expires: December 3, 2022

County of Residence: Bartholomew

  
Notary Public Signature

Melissa A. Mahoney  
Printed Name





**Certification of Financial Responsibility**

Circle K # 2293  
4841 Pennsylvania St.  
Indianapolis IN  
Facility ID # 202

Mac's Convenience Stores, LLC DBA Circle K hereby certifies that it is in compliance with the requirements of 329 IAC 9-8.

The financial assurance mechanism(s) used to demonstrate financial responsibility under 329 IAC 9-8 is (are) as follows:

Private Insurance in the amount of \$2,000,000 to cover the deductible for coverage under Indiana's Excess Liability Trust Fund due to Mac's Convenience Stores, LLC DBA Circle K owning or operating 13 or more petroleum underground storage tanks. The private insurance is for the period of December 1, 2014 to December 1, 2015. This mechanism covers the deductible required by the Excess Liability Trust Fund in the amount of \$2,000,000 per occurrence for taking corrective action and/or compensating third parties for bodily injury and property damage caused by either sudden accidental releases and/or nonsudden accidental releases.

[Signature of operator] \_\_\_\_\_

[Name of Operator] Matthew Jordan

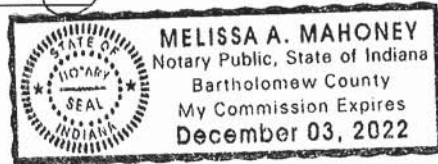
[Title] Mac's/ Circle K Compliance & Remediation Manager

[Date] January 30, 2015

[Name of witness or notary] Melissa A. Mahoney

[Signature of witness or notary] \_\_\_\_\_

[Date] January 30, 2015







**REQUEST FOR CERTIFICATE OF FINANCIAL ASSURANCE FOR UNDERGROUND STORAGE TANKS**

State Form 52884 (5-14)

RETURN COMPLETED FORMS TO:  
**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**  
 OFFICE OF LAND QUALITY, UST SECTION  
 100 N. Senate Avenue  
 Indianapolis, IN 46204-2251  
 UST: (317) 234-4112 Release Reporting: (317) 232-8970

**RECEIVED**

**FEB 11 2015**

202	: Facility ID Number
19740	: Owner/Operator ID Number

Instructions for this form can be found at [http://www.in.gov/Idem/files/form\\_ust\\_cofa\\_instructions.doc](http://www.in.gov/Idem/files/form_ust_cofa_instructions.doc).

**A UST OWNER OR OPERATOR INFORMATION** DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF LAND QUALITY

I am the UST Operator as defined by IC 13-11-2-148 of the UST systems at the facility listed. I own or operate 101 or more UST systems in the State of Indiana and understand that I must have \$2,000,000 in coverage in accordance with 329 IAC 9-8-4. I am requesting a Certificate of Financial Assurance (COFA) as required under 328 IAC 1-7-1.

**B UST FACILITY INFORMATION**

FACILITY NAME: Circle K # 2293		There is a UST that is single-walled (yes/no):	<b>YES</b>
FACILITY ADDRESS (number and street) 4841 Pennsylvania St.		There is UST piping on site that is single-walled (yes/no):	<b>YES</b>
CITY Indianapolis	STATE IN	There is an existing UST system on site that was upgraded after 12/22/1998 (yes/no):	<b>NO</b>
ZIP CODE 46205-1743	TELEPHONE NUMBER 317-921-9952	Enter number of regulated petroleum USTs on site:	<b>3</b>
COUNTY Marion	GPS LOCATION (UTM) 39.842249 -86.154299	Amount required for ELTF deductible if applicable:	<b>\$30,000</b>

**C EXCESS LIABILITY TRUST FUND DEDUCTIBLE MECHANISMS**

Place an X in the box for all that apply to this site.		Amount of Coverage
<input type="checkbox"/>	ELTF Loan Commitment Letter (9-8-11(c)(1))	
<input type="checkbox"/>	ELTF Certificate of Deposit (9-8-11(c)(2)) and Standby Trust Fund (9-8-13)	
<input type="checkbox"/>	ELTF Tangible Net Worth Letter (9-8-11(c)(3))	
<input checked="" type="checkbox"/>	ELTF Liability Insurance (9-8-11(c)(4))	<b>\$2,000,000</b>
<input type="checkbox"/>	ELTF Surety Bond (9-8-11(c)(5))	
<input type="checkbox"/>	ELTF Letter of Credit (9-8-11(c)(6))	
<input type="checkbox"/>	ELTF Trust Fund (9-8-11(c)(7)) and Standby Trust Fund (9-8-13)	
<input type="checkbox"/>	ELTF Guarantee (9-8-11(c)(8))	
<input type="checkbox"/>	ELTF Local Government mechanisms (9-8-11(d)(1) through (4))	
Total of all options used:		<b>\$2,000,000</b>

**D UST OWNER OR OPERATOR CERTIFICATION**

UST OWNER OR OPERATOR NAME Mac's Convenience Stores, LLC. - (Operator Certification)		OATH: I certify that under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.	
UST OWNER OR OPERATOR ADDRESS (number and street) PO Box 347			
CITY Columbus	STATE IN		
ZIP CODE 47202	TELEPHONE NUMBER 812-397-9227	NAME OF UST OWNER OR OPERATOR OR AUTHORIZED REPRESENTATIVE Matthew Jordan, Mac's/ Circle K Env & Compliance Mgr	
EMAIL ADDRESS mjordan@circlek.com		SIGNATURE (IN INK, NO PHOTOCOPIES ACCEPTED) 	DATE (month/day/year) <b>1/30/2015</b>





## CERTIFICATE OF INSURANCE (Indiana)

Name and Address of Covered Location: Per the attached Facility and Tank Schedule

Policy Number: 001850501

Period of Coverage: December 1, 2017 to December 1, 2018

Name of Insurer: Ironshore Specialty Insurance Company

Address of Insurer: 75 Federal St, Boston, MA 02110

Name of Insured: Couche-Tard, Inc.

Address of Insured: 1130 W. Warner Rd. Tempe, AZ 85284

### CERTIFICATION:

1. Ironshore Specialty Insurance Company, the Insurer, as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tank(s):

<u>Facility</u>	<u>Identification No.</u>	<u>Number of Tanks</u>
Per the attached Facility and Tank Schedule		

for taking corrective action and 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 each occurrence and \$2,000,000 annual aggregate, exclusive of the legal defense costs, which are subject to a separate limit under the policy. This coverage is provided under policy number 001850501. The effective date of said policy is December 1, 2016.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
  - a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies.
  - 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 such 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 329 IAC 9-8-6 through 329 IAC 9-8-12.



- c. Whenever requested by the Indiana Department of Environmental Management (IDEM) commissioner, the Insured agrees to furnish to the IDEM commissioner 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 sixty (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 ten (10) 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 (6) 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 329 IAC 9-8-8(b)(2) and that the Insurer is eligible to provide insurance as an excess or surplus lines insurer, in one or more states.



---

Authorized Representative of Ironshore Specialty Insurance Company

Toby Smith  
Executive Vice President, Authorized Representative of Ironshore Specialty Insurance Company  
28 Liberty Street, 5th Floor  
New York, NY 10005





Indiana Department of Environmental Management  
**Underground Storage Tank Program**  
Operator Training Certification

100 North Senate Ave  
Indianapolis, Indiana, 46204  
(800) 451-6027 . (317) 232-8603  
[www.idem.IN.gov](http://www.idem.IN.gov)

# *Certificate of Completion*

Awarded to:  
Matthew Jordan

*For completion of IDEM's Underground Storage Tank "A" Operator Training in  
accordance with 329 IAC 9.*

License #: 10055

Issue Date: June 15, 2016

Expiration Date: June 15, 2019

Carol S. Comer, Commissioner

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.



Indiana Department of Environmental Management

**B** Underground Storage Tank Program  
Operator Training Certification

100 North Senate Ave  
Indianapolis, Indiana, 46204  
(800) 451-6027 . (317) 232-8603  
www.idem.IN.gov

# *Certificate of Completion*

Awarded to:  
Matthew Jordan

*For completion of IDEM's Underground Storage Tank "B" Operator Training in  
accordance with 329 IAC 9.*

License #: 10113

Issue Date: June 29, 2016

Expiration Date: June 29, 2019

Carol S. Comer, Commissioner

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.





Indiana Department of Environmental Management  
**Underground Storage Tank Program**  
Operator Training Certification

100 North Senate Ave  
Indianapolis, Indiana, 46204  
(800) 451-6027 . (317) 232-8603  
www.idem.IN.gov

A

# *Certificate of Completion*

Awarded to:

Mike Sawkiewicz

*For completion of IDEM's Underground Storage Tank "A" Operator Training in accordance with 329 IAC 9.*

License #: 11864

Issue Date: July 19, 2017

Expiration Date: July 19, 2020

Bruno L. Pigott, Commissioner

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.



Indiana Department of Environmental Management

**B** Underground Storage Tank Program  
Operator Training Certification

100 North Senate Ave  
Indianapolis, Indiana, 46204  
(800) 451-6027 . (317) 232-8603  
www.idem.IN.gov

# *Certificate of Completion*

Awarded to:

Mike Sawkiewicz

*For completion of IDEM's Underground Storage Tank "B" Operator Training in  
accordance with 329 IAC 9.*

License #: 11865

Issue Date: July 19, 2017

Expiration Date: July 19, 2020

Bruno L. Pigott, Commissioner

IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.





Indiana Department of Environmental Management

# C Underground Storage Tank Program Operator Training Certification

100 North Senate Ave  
Indianapolis, Indiana, 46204  
(800) 451-6027 . (317) 232-8603  
www.idem.IN.gov

## Certification of Completion

Awarded to:  
Shirley Vazquez

*For completion of "C" Operator Training in accordance with 329 IAC 9.*

Certification is applicable to the following location:

Company Name: Circle K # 2293

Address: 4841 N PENNSYLVANIA

City: INDIANAPOLIS, IN IN

Facility ID#: \_\_\_\_\_

UST Facility ID#: \_\_\_\_\_

Training Authorized by: Matthew Jordan License #(s): A - 5085, B - 5097

Class A or B Operator Signature: *Matthew Jordan*

Training Provided by: \_\_\_\_\_

Trainer Signature: \_\_\_\_\_

Issue Date: 1/18/2017 Expiration Date\*: \_\_\_\_\_  
12:46:00 PM

\*Certification expires three (3) years from the date of issuance.

**IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.**



Indiana Department of Environmental Management

# C Underground Storage Tank Program Operator Training Certification

100 North Senate Ave  
Indianapolis, Indiana, 46204  
(800) 451-6027 . (317) 232-8603  
www.idem.IN.gov

## Certification of Completion

Awarded to:  
James Sims

*For completion of "C" Operator Training in accordance with 329 IAC 9.*

Certification is applicable to the following location:

Company Name: Circle K # 2293

Address: 4841 N PENNSYLVANIA

City: INDIANAPOLIS, IN IN

Facility ID#: \_\_\_\_\_

UST Facility ID#: \_\_\_\_\_

Training Authorized by: Matthew Jordan License #(s): A - 5085, B - 5097

Class A or B Operator Signature: *Matthew Jordan*

Training Provided by: \_\_\_\_\_

Trainer Signature: \_\_\_\_\_

Issue Date: 10/19/2016 Expiration Date\*: \_\_\_\_\_  
4:34:00 PM

\*Certification expires three (3) years from the date of issuance.

**IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.**





Indiana Department of Environmental Management

# C Underground Storage Tank Program Operator Training Certification

100 North Senate Ave  
Indianapolis, Indiana, 46204  
(800) 451-6027 . (317) 232-8603  
www.idem.IN.gov

## *Certification of Completion*

Awarded to:  
Holly McGlothlin

*For completion of "C" Operator Training in accordance with 329 IAC 9.*

Certification is applicable to the following location:

Company Name: Circle K # 2293

Address: 4841 N PENNSYLVANIA

City: INDIANAPOLIS, IN IN

Facility ID#: \_\_\_\_\_

UST Facility ID#: \_\_\_\_\_

Training Authorized by: Matthew Jordan License #(s): A - 5085, B - 5097

Class A or B Operator Signature: *Matthew Jordan*

Training Provided by: \_\_\_\_\_

Trainer Signature: \_\_\_\_\_

Issue Date: 6/16/2017 Expiration Date\*: \_\_\_\_\_  
2:00:00 PM

\*Certification expires three (3) years from the date of issuance.

**IDEM may require operator retraining if a UST System managed by the operator has documented deficiencies per 329 IAC 9.**

CIRCLE K 2293  
4841 N PENNSYLVANIA  
INDPLS IN 46205  
317-283-7400

JUL 18, 2018 12:06 PM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:UNL  
VOLUME = 6057 GALS  
ULLAGE = 3453 GALS  
90% ULLAGE= 2511 GALS  
TC VOLUME = 5990 GALS  
HEIGHT = 55.92 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 75.8 DEG F

T 2:MID  
VOLUME = 2834 GALS  
ULLAGE = 6686 GALS  
90% ULLAGE= 5734 GALS  
TC VOLUME = 2803 GALS  
HEIGHT = 31.74 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 75.6 DEG F

T 3:PREM  
VOLUME = 3353 GALS  
ULLAGE = 6167 GALS  
90% ULLAGE= 5215 GALS  
TC VOLUME = 3315 GALS  
HEIGHT = 35.70 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 76.1 DEG F

ALARM HISTORY REPORT

----- SYSTEM ALARM -----

PAPER OUT  
JUL 2, 2018 8:38 AM  
PRINTER ERROR  
JUL 2, 2018 8:38 AM  
BATTERY IS OFF  
JAN 1, 1996 8:00 AM

TANK LEAK TEST HISTORY

T 1:UNL

LAST GROSS TEST PASSED:

NO TEST PASSED

LAST ANNUAL TEST PASSED:

NO TEST PASSED

FULLEST ANNUAL TEST PASS

NO TEST PASSED

LAST PERIODIC TEST PASS:

JUL 18, 2018 7:04 AM  
TEST LENGTH 23 HOURS  
STARTING VOLUME= 6265  
PERCENT VOLUME = 65.8  
TEST TYPE = CSLD

FULLEST PERIODIC TEST PASSED EACH MONTH:

JAN 30, 2018 6:26 AM  
TEST LENGTH 26 HOURS  
STARTING VOLUME= 7143  
PERCENT VOLUME = 75.0  
TEST TYPE = CSLD

FEB 11, 2018 4:16 AM  
TEST LENGTH 24 HOURS  
STARTING VOLUME= 7365  
PERCENT VOLUME = 77.4  
TEST TYPE = CSLD

MAR 14, 2018 1:47 AM  
TEST LENGTH 29 HOURS  
STARTING VOLUME= 7036  
PERCENT VOLUME = 73.9  
TEST TYPE = CSLD

APR 30, 2018 4:06 AM  
TEST LENGTH 30 HOURS  
STARTING VOLUME= 7161  
PERCENT VOLUME = 75.2  
TEST TYPE = CSLD

MAY 6, 2018 2:59 AM  
TEST LENGTH 32 HOURS  
STARTING VOLUME= 7326  
PERCENT VOLUME = 77.0  
TEST TYPE = CSLD

JUN 30, 2018 2:18 AM  
TEST LENGTH 27 HOURS  
STARTING VOLUME= 6390  
PERCENT VOLUME = 67.1  
TEST TYPE = CSLD

JUL 9, 2018 4:26 AM  
TEST LENGTH 24 HOURS  
STARTING VOLUME= 6756  
PERCENT VOLUME = 71.0  
TEST TYPE = CSLD

AUG 9, 2017 5:36 AM  
TEST LENGTH 28 HOURS  
STARTING VOLUME= 7111  
PERCENT VOLUME = 74.7  
TEST TYPE = CSLD

SEP 27, 2017 3:49 AM  
TEST LENGTH 32 HOURS  
STARTING VOLUME= 7111  
PERCENT VOLUME = 74.7  
TEST TYPE = CSLD

OCT 4, 2017 5:00 AM  
TEST LENGTH 33 HOURS  
STARTING VOLUME= 7077  
PERCENT VOLUME = 74.3  
TEST TYPE = CSLD

NOV 30, 2017 6:15 AM  
TEST LENGTH 31 HOURS  
STARTING VOLUME= 7164  
PERCENT VOLUME = 75.3  
TEST TYPE = CSLD

DEC 18, 2017 4:59 AM  
TEST LENGTH 29 HOURS  
STARTING VOLUME= 7602  
PERCENT VOLUME = 79.9  
TEST TYPE = CSLD

TANK LEAK TEST HISTORY

T 2:MID

LAST GROSS TEST PASSED:

NO TEST PASSED

LAST ANNUAL TEST PASSED:

NO TEST PASSED

FULLEST ANNUAL TEST PASS

NO TEST PASSED

LAST PERIODIC TEST PASS:

JUL 18, 2018 6:47 AM  
TEST LENGTH 36 HOURS  
STARTING VOLUME= 2759  
PERCENT VOLUME = 29.0  
TEST TYPE = CSLD

FULLEST PERIODIC TEST PASSED EACH MONTH:

JAN 31, 2018 6:31 AM  
TEST LENGTH 35 HOURS  
STARTING VOLUME= 3349  
PERCENT VOLUME = 35.2  
TEST TYPE = CSLD

FEB 10, 2018 9:27 PM  
TEST LENGTH 28 HOURS  
STARTING VOLUME= 4061  
PERCENT VOLUME = 42.7  
TEST TYPE = CSLD

MAR 1, 2018 12:32 AM  
TEST LENGTH 33 HOURS  
STARTING VOLUME= 3040  
PERCENT VOLUME = 31.9  
TEST TYPE = CSLD

APR 27, 2018 12:27 AM  
TEST LENGTH 32 HOURS  
STARTING VOLUME= 2611  
PERCENT VOLUME = 27.4  
TEST TYPE = CSLD

MAY 29, 2018 4:18 AM  
TEST LENGTH 33 HOURS  
STARTING VOLUME= 3015  
PERCENT VOLUME = 31.7  
TEST TYPE = CSLD

JUN 7, 2018 4:05 AM  
TEST LENGTH 32 HOURS  
STARTING VOLUME= 3015  
PERCENT VOLUME = 31.7  
TEST TYPE = CSLD

JUL 1, 2018 8:59 AM  
TEST LENGTH 39 HOURS  
STARTING VOLUME= 2844  
PERCENT VOLUME = 29.9  
TEST TYPE = CSLD

AUG 1, 2017 9:10 AM  
TEST LENGTH 27 HOURS  
STARTING VOLUME= 3090  
PERCENT VOLUME = 32.5  
TEST TYPE = CSLD

SEP 24, 2017 10:15 PM  
TEST LENGTH 32 HOURS  
STARTING VOLUME= 3230  
PERCENT VOLUME = 33.9  
TEST TYPE = CSLD

OCT 21, 2017 8:47 PM  
TEST LENGTH 30 HOURS  
STARTING VOLUME= 3374  
PERCENT VOLUME = 35.4  
TEST TYPE = CSLD

NOV 16, 2017 10:53 PM  
TEST LENGTH 33 HOURS  
STARTING VOLUME= 3083  
PERCENT VOLUME = 32.4  
TEST TYPE = CSLD

DEC 11, 2017 8:48 PM  
TEST LENGTH 31 HOURS  
STARTING VOLUME= 2933  
PERCENT VOLUME = 30.8  
TEST TYPE = CSLD

ALARM HISTORY REPORT

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

T 1:UNL

HIGH WATER ALARM  
APR 24, 2018 10:14 AM  
APR 24, 2017 1:57 PM

OVERFILL ALARM  
APR 24, 2018 10:04 AM  
FEB 27, 2018 5:00 AM  
FEB 10, 2018 3:22 AM

LOW PRODUCT ALARM  
JUN 11, 2018 6:47 PM  
APR 24, 2018 10:02 AM  
FEB 6, 2018 7:21 PM

HIGH PRODUCT ALARM  
APR 24, 2018 10:05 AM  
APR 28, 2017 3:35 AM  
APR 24, 2017 1:47 PM

INVALID FUEL LEVEL  
JUN 11, 2018 6:43 PM  
APR 24, 2018 10:01 AM  
FEB 6, 2018 7:20 PM

PROBE OUT  
APR 24, 2018 10:18 AM  
APR 24, 2018 9:18 AM  
APR 24, 2017 2:01 PM

HIGH WATER WARNING  
APR 24, 2018 10:14 AM  
APR 24, 2017 1:57 PM

DELIVERY NEEDED  
JUL 15, 2018 9:33 PM  
JUL 13, 2018 3:41 PM  
JUL 11, 2018 9:41 PM

MAX PRODUCT ALARM  
APR 24, 2018 10:05 AM  
APR 28, 2017 3:36 AM  
APR 24, 2017 1:49 PM

LOW TEMP WARNING  
APR 24, 2017 2:02 PM

ALARM HISTORY REPORT

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

T 2:MID

SETUP DATA WARNING  
MAY 26, 2016 8:48 AM

HIGH WATER ALARM  
APR 24, 2018 10:13 AM  
APR 24, 2017 1:57 PM

OVERFILL ALARM  
APR 24, 2018 10:03 AM  
APR 24, 2017 1:47 PM

LOW PRODUCT ALARM  
APR 24, 2018 10:01 AM  
APR 24, 2017 1:42 PM

HIGH PRODUCT ALARM  
APR 24, 2018 10:04 AM  
APR 24, 2017 1:47 PM

INVALID FUEL LEVEL  
APR 24, 2018 10:01 AM  
APR 24, 2017 1:40 PM

PROBE OUT  
APR 24, 2018 10:18 AM  
APR 24, 2018 9:19 AM  
APR 24, 2017 2:02 PM

HIGH WATER WARNING  
APR 24, 2018 10:13 AM  
APR 24, 2017 1:57 PM

DELIVERY NEEDED  
APR 24, 2018 10:01 AM  
MAR 10, 2018 4:01 PM  
APR 24, 2017 1:40 PM

MAX PRODUCT ALARM  
APR 24, 2018 10:04 AM  
APR 24, 2017 1:49 PM

LOW TEMP WARNING  
APR 24, 2017 2:03 PM



TANK LEAK TEST HISTORY

T 3:PREM

LAST GROSS TEST PASSED:

NO TEST PASSED

LAST ANNUAL TEST PASSED:

NO TEST PASSED

FULLEST ANNUAL TEST PASS

NO TEST PASSED

LAST PERIODIC TEST PASS:

JUL 18, 2018 6:56 AM  
TEST LENGTH 33 HOURS  
STARTING VOLUME = 2723  
PERCENT VOLUME = 28.6  
TEST TYPE = CSLD

FULLEST PERIODIC TEST  
PASSED EACH MONTH:

JAN 26, 2018 6:31 AM  
TEST LENGTH 32 HOURS  
STARTING VOLUME = 3303  
PERCENT VOLUME = 34.7  
TEST TYPE = CSLD

FEB 4, 2018 3:22 AM  
TEST LENGTH 31 HOURS  
STARTING VOLUME = 3268  
PERCENT VOLUME = 34.3  
TEST TYPE = CSLD

MAR 3, 2018 9:01 AM  
TEST LENGTH 26 HOURS  
STARTING VOLUME = 2665  
PERCENT VOLUME = 28.0  
TEST TYPE = CSLD

APR 30, 2018 5:35 AM  
TEST LENGTH 33 HOURS  
STARTING VOLUME = 2790  
PERCENT VOLUME = 29.3  
TEST TYPE = CSLD

MAY 19, 2018 2:15 AM  
TEST LENGTH 33 HOURS  
STARTING VOLUME = 3083  
PERCENT VOLUME = 32.4  
TEST TYPE = CSLD

JUN 27, 2018 7:04 AM  
TEST LENGTH 31 HOURS  
STARTING VOLUME = 3498  
PERCENT VOLUME = 36.7  
TEST TYPE = CSLD

JUL 1, 2018 2:08 AM  
TEST LENGTH 30 HOURS  
STARTING VOLUME = 3422  
PERCENT VOLUME = 36.0  
TEST TYPE = CSLD

AUG 21, 2017 2:08 AM  
TEST LENGTH 30 HOURS  
STARTING VOLUME = 3069  
PERCENT VOLUME = 32.2  
TEST TYPE = CSLD

SEP 29, 2017 5:53 AM  
TEST LENGTH 32 HOURS  
STARTING VOLUME = 3113  
PERCENT VOLUME = 32.7  
TEST TYPE = CSLD

OCT 16, 2017 12:34 AM  
TEST LENGTH 31 HOURS  
STARTING VOLUME = 3482  
PERCENT VOLUME = 36.6  
TEST TYPE = CSLD

NOV 28, 2017 1:37 PM  
TEST LENGTH 31 HOURS  
STARTING VOLUME = 3413  
PERCENT VOLUME = 35.9  
TEST TYPE = CSLD

DEC 1, 2017 6:20 AM  
TEST LENGTH 33 HOURS  
STARTING VOLUME = 3408  
PERCENT VOLUME = 35.8  
TEST TYPE = CSLD

ALARM HISTORY REPORT

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

T 3:PREM

SETUP DATA WARNING  
MAY 26, 2016 8:48 AM

HIGH WATER ALARM  
APR 24, 2018 10:13 AM  
APR 24, 2017 1:58 PM

OVERFILL ALARM  
APR 24, 2018 10:03 AM  
APR 24, 2017 1:47 PM

LOW PRODUCT ALARM  
APR 24, 2018 10:01 AM  
APR 3, 2018 5:29 PM  
MAR 18, 2018 6:18 PM

HIGH PRODUCT ALARM  
APR 24, 2018 10:03 AM  
APR 24, 2017 1:47 PM

INVALID FUEL LEVEL  
APR 24, 2018 10:01 AM  
APR 24, 2017 1:42 PM

PROBE OUT  
APR 24, 2018 10:20 AM  
APR 24, 2018 9:20 AM  
APR 24, 2017 2:01 PM

HIGH WATER WARNING  
APR 24, 2018 10:13 AM  
APR 24, 2017 1:58 PM

DELIVERY NEEDED  
JUL 15, 2018 8:13 PM  
JUN 15, 2018 7:56 PM  
MAY 10, 2018 3:57 PM

MAX PRODUCT ALARM  
APR 24, 2018 10:04 AM  
APR 24, 2017 1:49 PM



# Testing and Inspection Certificate

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

Test Date	4/24/2017	Tanknology WO#	MW1-6172147
Test Purpose	COMPLIANCE	Customer PO#	MIDWEST

<u>Customer</u> CIRCLE K P.O. BOX 347 COLUMBUS, IN 47202  Attn: TIM WALLACE (812) 378-1772	<u>Location</u> CIRCLE K #2293 (12293) 4841 N. PENNSYLVANIA ST INDIANAPOLIS, IN 46205  Attn: MANAGER (317) 921-9952
--	---

Test / Inspection Description	Item Tested	Date Tested	Result
Precision Line Tightness (.1 GPH)	Tank 1 Line 1 REGULAR	4/24/2017	Pass
Precision Line Tightness (.1 GPH)	Tank 2 Line 1 PLUS	4/24/2017	Pass
Precision Line Tightness (.1 GPH)	Tank 3 Line 1 PREMIUM	4/24/2017	Pass
Line Leak Detector (3 GPH)	Tank 1 Line 1 REGULAR	4/24/2017	Pass
Line Leak Detector (3 GPH)	Tank 2 Line 1 PLUS	4/24/2017	Pass
Line Leak Detector (3 GPH)	Tank 3 Line 1 PREMIUM	4/24/2017	Pass
Impact Valve Inspection	See test report for details	4/24/2017	Pass
Leak Detection Monitoring System Inspection	See test report for details	4/24/2017	Pass

Tanknology Representative: DanBatten Telephone: (614) 436-7600	Technician: Adam Duran Technician Certification: (See forms)
---	---





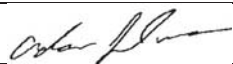
# Product Line Tightness Test

Work Order: 6172147 Date: 4/24/2017  
Site Name/ID: CIRCLE K #2293 / 12293  
Address: 4841 N. PENNSYLVANIA ST  
City: INDIANAPOLIS State: IN Zip: 46205

Tank Information	Tank # 1 Line # 1	Tank # 2 Line # 1	Tank # 3 Line # 1	Tank # Line #	Tank # Line #	Tank # Line #
Test Method	TLD-1	TLD-1	TLD-1			
Customer Tank ID	1	2	3			
Product Name	REGULAR	PLUS	PREMIUM			
Delivery Type	Pressure	Pressure	Pressure			
Test Pressure	60	60	60			
Test Start Time	13:35	13:35	13:36			
Test End Time	14:05	14:05	14:06			
Final Leak Rate	0.00	0.00	0.00			
Test Result(P/F/I)	Pass	Pass	Pass			
Test was performed per 3rd party certifications as specified in 40 CFR parts 280 and 281	Yes	Yes	Yes			

Technician Comments:

Technician Name: Adam Duran Certification #: 87142 exp: 5/8/2018

Technician Signature: 

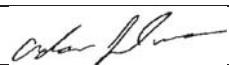


LDT 5000 Field Test Apparatus  
Line Leak Detector Test

Work Order: 6172147 Date: 4/24/2017  
Site Name / ID: CIRCLE K #2293 / 12293  
Address: 4841 N. PENNSYLVANIA ST  
City: INDIANAPOLIS State: IN Zip: 46205

Tank ID	1	2	3			
Product	REGULAR	PLUS	PREMIUM			
Product Line	1	1	1			
Tested From	1	1	1			
Existing/New	Existing	Existing	Existing			
Mechanical/Electronic	Electronic	Electronic	Electronic			
Manufacturer/Model	Veeder Root PLLD	Veeder Root PLLD	Veeder Root PLLD			
Serial No.	216294	H5V861	123386			
Pump Operating Pressure (psi)	30.00	28.00	28.00			
Calibrated Leak (ml/min)	189.0	189.0	189.0			
Calibrated Leak (gph)	3.00	3.00	3.00			
Holding PSI <i>*N/A for Electronic LD's</i>						
Resiliency (ml) <i>*N/A for Electronic LD's</i>						
Metering PSI <i>*N/A for Electronic LD's</i>						
Opening Time (sec) <i>*N/A for Electronic LD's</i>						
Test Results	Pass	Pass	Pass			

Technician Comments:

Technician Name: Adam Duran Certification #: 87137  
Technician Signature:  Expire Date: 4/26/2018






# Impact Valve Inspection

## Impact Valve Operational Inspection

Work Order: 6172147 Date: 4/24/2017  
Site Name/ID: CIRCLE K #2293  
Address: 4841 N. PENNSYLVANIA ST  
City: INDIANAPOLIS State: IN Zip: 46205

Dispenser Number	Grade	Secure Mount?	Valve Lock?	Pass/ Fail	Comments
1/2	87	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Not Tested	
1/2	89	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Not Tested	
1/2	93	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Not Tested	
3/4	87	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Not Tested	
3/4	89	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Not Tested	
3/4	93	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Not Tested	
5/6	87	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Not Tested	
5/6	89	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Not Tested	
5/6	93	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Not Tested	

Technician Comments:

Technician Name: Adam Duran  
Signature: 

# 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**

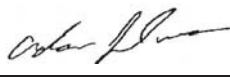
Facility Name: CIRCLE K #2293 Bldg. No.: \_\_\_\_\_  
 Site Address: 4841 N. PENNSYLVANIA ST City: INDIANAPOLIS State: IN Zip: 46205  
 Facility Contact Person: MANAGER Contact Phone No.: 317-921-9952  
 Make/Model of Monitoring System: Veeder Root TLS-350 Date of Testing/Servicing: 4/24/2017

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

<p><b>Tank ID:</b> <u>1 - REGULAR</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>846390-107</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Electronic Line Leak Detector. Model: <u>Veeder Root PLLD -</u></p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p><b>Tank ID:</b> <u>2 - PLUS</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>846390-107</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Electronic Line Leak Detector. Model: <u>Veeder Root PLLD -</u></p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p><b>Tank ID:</b> <u>3 - PREMIUM</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>846390-107</u></p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Electronic Line Leak Detector. Model: <u>Veeder Root PLLD -</u></p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p><b>Tank ID:</b> _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p><b>Dispenser ID:</b> <u>1/2</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p><b>Dispenser ID:</b> <u>3/4</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p><b>Dispenser ID:</b> <u>5/6</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p><b>Dispenser ID:</b> _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p><b>Dispenser ID:</b> _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p><b>Dispenser ID:</b> _____</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>

\*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): Adam Duran Signature: 

Certification No.: B42020 License No.: \_\_\_\_\_

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

Testing Company Address: 11000 N. MoPac Expressway Suite 500 Date of Testing/Servicing: 4/24/2017

**D. Results of Testing/Serviceing**

Software Version Installed: 121.00

Complete the following checklist:

<input checked="" type="radio"/> Yes	<input type="radio"/> No* <input type="radio"/> N/A	Is the <b>visual</b> alarm on the console operational?
<input checked="" type="radio"/> Yes	<input type="radio"/> No* <input type="radio"/> N/A	Is the <b>audible</b> alarm on the console operational?
<input type="radio"/> Yes	<input checked="" type="radio"/> No	Is the external <b>visual</b> overfill alarm (light unit) present?
<input type="radio"/> Yes	<input type="radio"/> No* <input checked="" type="radio"/> N/A	Is the external <b>visual</b> overfill alarm operating properly?
<input type="radio"/> Yes	<input checked="" type="radio"/> No	Is the external <b>audible</b> overfill alarm (light unit) present?
<input type="radio"/> Yes	<input type="radio"/> No* <input checked="" type="radio"/> N/A	Is the external <b>audible</b> overfill alarm operating properly?
%	<input checked="" type="checkbox"/> N/A	At what percent of tank(s) capacity is the external alarm programmed to trigger? <i>If different % between tanks, clarify in section E.</i>
<input type="radio"/> Yes	<input type="radio"/> No* <input checked="" type="radio"/> N/A	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input type="radio"/> Yes	<input type="radio"/> No* <input checked="" type="radio"/> 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?
<input type="radio"/> Yes	<input type="radio"/> No* <input checked="" type="radio"/> 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? <i>(Check all that apply)</i> <input type="checkbox"/> Sump/Trench Sensors; <input type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks <u>and</u> sensor failure/disconnection? <input checked="" type="radio"/> Yes; <input type="radio"/> No
<input type="radio"/> Yes*	<input checked="" type="radio"/> 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.
<input checked="" type="radio"/> Yes*	<input type="radio"/> No	Was liquid found inside any secondary containment systems designed as dry systems? <i>(Check all that apply)</i> <input type="checkbox"/> Product; <input checked="" type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="radio"/> Yes	<input type="radio"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="radio"/> Yes	<input type="radio"/> 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:**

PUL has 2" of water in STP sump.



**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:**

<input checked="" type="radio"/> Yes	<input type="radio"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input checked="" type="radio"/> Yes	<input type="radio"/> No*	Was accuracy of system product level readings tested?
<input checked="" type="radio"/> Yes	<input type="radio"/> No*	Was accuracy of system water level readings tested?
<input checked="" type="radio"/> Yes	<input type="radio"/> No*	Were all probes reinstalled properly?
<input checked="" type="radio"/> Yes	<input type="radio"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

**G. Line Leak Detectors (LLD):**

- Check this box if LLDs are not installed.

**Complete the following checklist:**

<input checked="" type="radio"/> Yes	<input type="radio"/> No* <input type="radio"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? ( <i>Check all that apply</i> ) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h.; <input type="checkbox"/> 0.2 g.p.h.
<input checked="" type="radio"/> Yes	<input type="radio"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="radio"/> Yes	<input type="radio"/> No*	Was the testing apparatus properly calibrated?
<input type="radio"/> Yes	<input type="radio"/> No* <input checked="" type="radio"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input checked="" type="radio"/> Yes	<input type="radio"/> No* <input type="radio"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input checked="" type="radio"/> Yes	<input type="radio"/> No* <input type="radio"/> N/A	For electronic LLDs that are programmed for positive shut down, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input checked="" type="radio"/> Yes	<input type="radio"/> No* <input type="radio"/> N/A	For electronic LLDs that are programmed for positive shut down, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input checked="" type="radio"/> Yes	<input type="radio"/> No* <input type="radio"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="radio"/> Yes	<input type="radio"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

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

**H. Comments:**

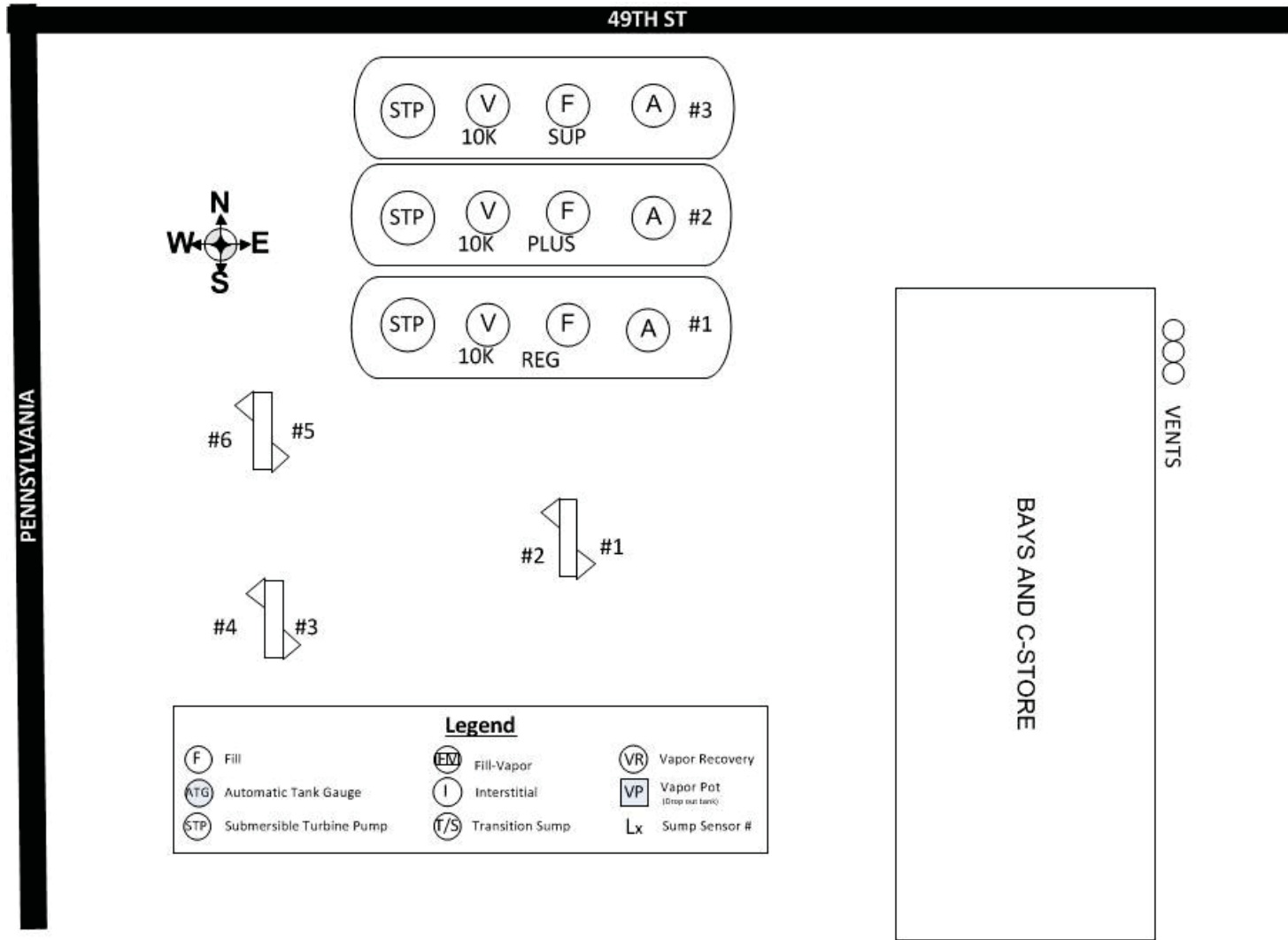
DID OVERALL MONITOR SYSTEM TESTING PASS (Check One)? YES  NO   
 INCONCLUSIVE



# Site Diagram

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

Work Order: 6172147  
Site ID / Name: 12293 / CIRCLE K #2293  
Address: 4841 N. PENNSYLVANIA ST  
City: INDIANAPOLIS State: IN Zip: 46205







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

Policy 100-29-A  
Rev: D  
Revised: 1/24/2014

**JOB CLEARANCE FORM &  
SITE SAFETY CHECKLIST - OVF**

Site Name/#: <i>Circle K North 12293</i>		Street Address: <i>4841 N Pennsylvania St Indianapolis, IN</i>		W.O.# <i>6172147</i>	
Arrival Time: <i>12:41</i>	Departure Time: <i>14:35</i>	Travel Time:	Others on site: <i>Tanner Barnett</i>	Date <i>4-24-17</i>	
Scope of Work and Tasks Performed (JSA's must be available for all tasks): <i>LLD, JV, ATG</i>					
Repairs to Equipment or Parts Provided:					
Follow-up actions required; equipment isolated; comments:					
<b>PPE - PERSONAL PROTECTIVE EQUIPMENT REQUIRED (Check items used or mark ~ if not applicable)</b>					
<input checked="" type="checkbox"/> Safety Vest	<input checked="" type="checkbox"/> Safety Glasses	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Hearing Protection		
<input checked="" type="checkbox"/> Steel Toe Boots	<input type="checkbox"/> Splash Goggles	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Other		
<b>PRE-TEST PROCEDURES (Check each item completed or mark ~ if not applicable)</b>					
1. <input checked="" type="checkbox"/> Discuss safety procedures with site personnel. Nearest hospital: _____					
2. <input type="checkbox"/> Prior to fuel deliveries the UST system must be placed back into working order.					
3. <input checked="" type="checkbox"/> Secure entire work area with barricades (cones, flags, and caution tape, pennant flags, or other perimeter guard).					
4. <input checked="" type="checkbox"/> Place fire extinguishers and "No Smoking" signs in the work area.					
5. <input checked="" type="checkbox"/> Implement Lockout/Tagout per API 1646 (when accessing product piping during tasks)					
<input type="checkbox"/> All applicable equipment disabled during test(s).		<input checked="" type="checkbox"/> Secure the circuit breaker(s) with lockout devices and tags.			
<input checked="" type="checkbox"/> Secure nozzles with "Out of Service" bags and nylon ties.		<input type="checkbox"/> Verify LOTO is complete by trying to operate pumps.			
<input checked="" type="checkbox"/> Close ball valves or check valves on product piping.		<input type="checkbox"/> Disconnect electrical "bayonet" connector from the STP(s).			
<b>SIGN IN</b>			Lead Technician Name		Lead Technician Signature
General Safety Checks: All site personnel have been informed. Fuel delivery has been informed. Is a fuel delivery due today? _____ LOTO procedures have been discussed and agreed. Work areas barricaded to protect workers, staff & public.			<i>Adam Duran</i> Site Representative Name		<i>[Signature]</i> Site Representative Signature
			<i>Constance W. C. White</i> I have discussed job clearance form with technician.		
<b>POST-TEST PROCEDURES (Check each item completed or mark ~ if not applicable)</b>					
1. <input checked="" type="checkbox"/> Remove all "Lockout/Tagout" devices.					
2. <input type="checkbox"/> Run all pumps and verify there are no leaks:					
<input type="checkbox"/> Leak Detector Threads on STP's		<input type="checkbox"/> Impact Valve Test Ports under dispensers			
<input type="checkbox"/> Functional Elements & Relief Screws					
3. <input checked="" type="checkbox"/> Install lead wire seal on all test plugs & leak detectors that were serviced.					
Count LD threads: L1 ___ L2 ___ L3 ___ L4 ___ L5 ___ L6 ___					
4. <input checked="" type="checkbox"/> Check following components operational:					
<input type="checkbox"/> Ball floats, dry breaks & caps		<input checked="" type="checkbox"/> ATG probes, sensors, & caps			
<input checked="" type="checkbox"/> Containment sumps are dry		<input type="checkbox"/> Cathodic protection operational			
<input checked="" type="checkbox"/> Dispenser panels are replaced		<input checked="" type="checkbox"/> Dispensers & POS operational			
<input type="checkbox"/> Leak detectors & vent tubes		<input checked="" type="checkbox"/> Drop tubes, fill adapters & caps			
<input checked="" type="checkbox"/> Monitoring system is operational		<input checked="" type="checkbox"/> Manhole covers and sump lids			
<input type="checkbox"/> Siphon lines and manifold valves		<input checked="" type="checkbox"/> Shear valves are open			
<input type="checkbox"/> STP fittings and bayonet connectors		<input type="checkbox"/> Siphon lines and manifold valves			
5. <input checked="" type="checkbox"/> Remove barricades.					
<b>SIGN OUT &amp; Operator Verification of Work (OVF)</b>			Lead Technician Name		Lead Technician Signature
General Safety Checks: Work area has been left tidy & safe. Site staff are aware of work status including any remaining isolation. Changes to equipment are documented and communicated. All incidents, near incidents, and unsafe situations reported.			<i>Adam Duran</i> Site Representative Name		<i>[Signature]</i> Site Representative Signature
Site Representative Comments:			<i>JAMES SIMS</i>		<i>[Signature]</i>

COMPANY CONFIDENTIAL

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ALARM HISTORY REPORT

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

T 1:UNL

HIGH WATER ALARM  
APR 24, 2017 1:57 PM

OVERFILL ALARM  
APR 24, 2017 1:47 PM  
MAR 27, 2017 4:08 AM  
MAR 14, 2017 1:19 AM

LOW PRODUCT ALARM  
APR 24, 2017 1:42 PM  
JAN 20, 2017 4:41 PM

HIGH PRODUCT ALARM  
APR 24, 2017 1:47 PM  
MAR 27, 2017 4:09 AM  
MAR 1, 2017 6:58 AM

INVALID FUEL LEVEL  
APR 24, 2017 1:40 PM  
JAN 20, 2017 4:36 PM

PROBE OUT  
APR 24, 2017 2:01 PM  
APR 24, 2017 1:09 PM

HIGH WATER WARNING  
APR 24, 2017 1:57 PM

DELIVERY NEEDED  
APR 24, 2017 1:40 PM  
APR 24, 2017 11:08 AM  
APR 22, 2017 12:27 PM

MAX PRODUCT ALARM  
APR 24, 2017 1:49 PM  
MAR 1, 2017 6:59 AM  
NOV 7, 2016 7:14 AM

LOW TEMP WARNING  
APR 24, 2017 2:02 PM

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

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

T 2:MID

SETUP DATA WARNING  
MAY 26, 2016 8:48 AM

HIGH WATER ALARM  
APR 24, 2017 1:57 PM

OVERFILL ALARM  
APR 24, 2017 1:47 PM

LOW PRODUCT ALARM  
APR 24, 2017 1:42 PM

HIGH PRODUCT ALARM  
APR 24, 2017 1:47 PM

INVALID FUEL LEVEL  
APR 24, 2017 1:40 PM

PROBE OUT  
APR 24, 2017 2:02 PM  
APR 24, 2017 1:09 PM

HIGH WATER WARNING  
APR 24, 2017 1:57 PM

DELIVERY NEEDED  
APR 24, 2017 1:40 PM

MAX PRODUCT ALARM  
APR 24, 2017 1:49 PM

LOW TEMP WARNING  
APR 24, 2017 2:03 PM

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

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

T 3:PREM

SETUP DATA WARNING  
MAY 26, 2016 8:48 AM

HIGH WATER ALARM  
APR 24, 2017 1:58 PM

OVERFILL ALARM  
APR 24, 2017 1:47 PM

LOW PRODUCT ALARM  
APR 24, 2017 1:42 PM

HIGH PRODUCT ALARM  
APR 24, 2017 1:47 PM

INVALID FUEL LEVEL  
APR 24, 2017 1:42 PM

PROBE OUT  
APR 24, 2017 2:01 PM  
APR 24, 2017 1:10 PM

HIGH WATER WARNING  
APR 24, 2017 1:58 PM

DELIVERY NEEDED  
APR 24, 2017 1:40 PM  
APR 15, 2017 1:52 PM  
MAR 26, 2017 6:26 PM

MAX PRODUCT ALARM  
APR 24, 2017 1:49 PM

ALARM HISTORY REPORT

----- SENSOR ALARM --  
Q 1:REG  
PLLD SHUTDOWN ALARM  
APR 24, 2017 1:20 PM

GROSS LINE FAIL  
APR 24, 2017 1:20 PM

PLLD SHUTDOWN ALARM  
JAN 20, 2017 4:41 PM

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

----- SENSOR ALARM --  
Q 2:PLUS  
PLLD SHUTDOWN ALARM  
APR 24, 2017 1:22 PM

GROSS LINE FAIL  
APR 24, 2017 1:22 PM

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

----- SENSOR ALARM --  
Q 3:PREM  
PLLD SHUTDOWN ALARM  
APR 24, 2017 1:23 PM

GROSS LINE FAIL  
APR 24, 2017 1:23 PM

# Regulatory Report

1/1/2017 12:59:00 AM - 1/7/2018 12:59:00 AM

2293

**Tanks**

(Veeder-Root TLS-350)

Device	Name	Type	Result	Start Date/Time	End Date/Time
May 2017					
Tank 1	UNL	CSLD	Passed	5/24/2017 7:03:00 AM	5/24/2017 7:03:00 AM
Tank 2	MID	CSLD	Passed	5/24/2017 7:03:00 AM	5/24/2017 7:03:00 AM
Tank 3	PREM	CSLD	Passed	5/24/2017 7:03:00 AM	5/24/2017 7:03:00 AM
June 2017					
Tank 1	UNL	CSLD	Passed	6/23/2017 7:02:00 AM	6/23/2017 7:02:00 AM
Tank 2	MID	CSLD	Passed	6/23/2017 7:02:00 AM	6/23/2017 7:02:00 AM
Tank 3	PREM	CSLD	Passed	6/23/2017 7:02:00 AM	6/23/2017 7:02:00 AM
July 2017					
Tank 1	UNL	CSLD	Passed	7/23/2017 7:02:00 AM	7/23/2017 7:02:00 AM
Tank 2	MID	CSLD	Passed	7/23/2017 7:02:00 AM	7/23/2017 7:02:00 AM
Tank 3	PREM	CSLD	Passed	7/23/2017 7:02:00 AM	7/23/2017 7:02:00 AM
August 2017					
Tank 1	UNL	CSLD	Passed	8/22/2017 7:02:00 AM	8/22/2017 7:02:00 AM
Tank 2	MID	CSLD	Passed	8/22/2017 7:02:00 AM	8/22/2017 7:02:00 AM
Tank 3	PREM	CSLD	Passed	8/22/2017 7:02:00 AM	8/22/2017 7:02:00 AM
September 2017					
Tank 1	UNL	CSLD	Passed	9/21/2017 7:02:00 AM	9/21/2017 7:02:00 AM
Tank 2	MID	CSLD	Passed	9/21/2017 7:02:00 AM	9/21/2017 7:02:00 AM
Tank 3	PREM	CSLD	Passed	9/21/2017 7:02:00 AM	9/21/2017 7:02:00 AM
October 2017					
Tank 1	UNL	CSLD	Passed	10/21/2017 7:02:00 AM	10/21/2017 7:02:00 AM
Tank 2	MID	CSLD	Passed	10/21/2017 7:02:00 AM	10/21/2017 7:02:00 AM
Tank 3	PREM	CSLD	Passed	10/21/2017 7:02:00 AM	10/21/2017 7:02:00 AM
November 2017					
Tank 1	UNL	CSLD	Passed	11/19/2017 7:03:00 AM	11/19/2017 7:03:00 AM
Tank 2	MID	CSLD	Passed	11/19/2017 7:03:00 AM	11/19/2017 7:03:00 AM
Tank 3	PREM	CSLD	Passed	11/19/2017 7:03:00 AM	11/19/2017 7:03:00 AM
December 2017					
Tank 1	UNL	CSLD	Passed	12/19/2017 7:03:00 AM	12/19/2017 7:03:00 AM
Tank 2	MID	CSLD	Passed	12/19/2017 7:03:00 AM	12/19/2017 7:03:00 AM
Tank 3	PREM	CSLD	Passed	12/19/2017 7:03:00 AM	12/19/2017 7:03:00 AM
January 2018					
Tank 1	UNL	CSLD	Passed	1/6/2018 7:03:00 AM	1/6/2018 7:03:00 AM
Tank 2	MID	CSLD	Passed	1/6/2018 7:03:00 AM	1/6/2018 7:03:00 AM
Tank 3	PREM	CSLD	Passed	1/6/2018 7:03:00 AM	1/6/2018 7:03:00 AM

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Lines

(Veeder-Root TLS-350)

Device	Name	Result	Date/Time
PLLD 3	03PREM	Passed Monthly	1/1/2017 11:48:00 PM
PLLD 2	02PLUS	Passed Monthly	1/19/2017 9:53:00 PM
PLLD 1	01REG	Passed Monthly	1/27/2017 5:20:00 AM
PLLD 3	03PREM	Passed Monthly	1/31/2017 11:26:00 PM
February 2017			
PLLD 2	02PLUS	Passed Monthly	2/10/2017 9:16:00 PM
PLLD 1	01REG	Passed Monthly	2/25/2017 12:25:00 AM
March 2017			
PLLD 3	03PREM	Passed Monthly	3/2/2017 10:13:00 PM
PLLD 2	02PLUS	Passed Monthly	3/10/2017 11:14:00 PM
PLLD 1	01REG	Passed Monthly	3/26/2017 11:39:00 PM
April 2017			
PLLD 3	03PREM	Passed Monthly	4/1/2017 8:31:00 PM
PLLD 2	02PLUS	Passed Monthly	4/7/2017 9:49:00 PM
PLLD 1	01REG	Passed Monthly	4/24/2017 11:03:00 PM
May 2017			
PLLD 3	03PREM	Passed Monthly	5/1/2017 6:32:00 AM
PLLD 2	02PLUS	Passed Monthly	5/5/2017 9:59:00 PM
PLLD 1	01REG	Passed Monthly	5/21/2017 6:34:00 AM
PLLD 3	03PREM	Passed Monthly	5/29/2017 7:05:00 AM
June 2017			
PLLD 2	02PLUS	Passed Monthly	6/5/2017 10:01:00 AM
PLLD 1	01REG	Passed Monthly	6/20/2017 5:02:00 AM
PLLD 3	03PREM	Passed Monthly	6/26/2017 1:46:00 AM
July 2017			
PLLD 1	01REG	Passed Monthly	7/16/2017 3:09:00 AM
PLLD 3	03PREM	Passed Monthly	7/22/2017 2:11:00 AM
August 2017			
PLLD 1	01REG	Passed Monthly	8/13/2017 4:47:00 AM
PLLD 3	03PREM	Passed Monthly	8/17/2017 10:48:00 PM
September 2017			
PLLD 2	02PLUS	Passed Monthly	9/5/2017 10:05:00 PM
PLLD 1	01REG	Passed Monthly	9/10/2017 1:16:00 AM
PLLD 3	03PREM	Passed Monthly	9/14/2017 11:16:00 PM
October 2017			
PLLD 1	01REG	Passed Monthly	10/8/2017 10:27:00 PM
PLLD 3	03PREM	Passed Monthly	10/14/2017 10:17:00 PM
PLLD 2	02PLUS	Passed Monthly	10/16/2017 10:04:00 PM
November 2017			
PLLD 1	01REG	Passed Monthly	11/5/2017 2:38:00 AM
PLLD 3	03PREM	Passed Monthly	11/11/2017 11:31:00 PM
PLLD 2	02PLUS	Passed Monthly	11/13/2017 11:42:00 PM



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(Veeder-Root TLS-350)

**Lines**

<b>Device</b>	<b>Name</b>	<b>Result</b>	<b>Date/Time</b>
December 2017			
PLLD 1	01REG	Passed Monthly	12/3/2017 3:51:00 AM
PLLD 3	03PREM	Passed Monthly	12/9/2017 12:44:00 AM
PLLD 2	02PLUS	Passed Monthly	12/11/2017 11:52:00 PM
PLLD 1	01REG	Passed Monthly	12/31/2017 9:25:00 PM
January 2018			
PLLD 1	01REG	Passed Monthly	1/4/2018 2:28:00 AM
PLLD 3	03PREM	Passed Monthly	1/4/2018 6:37:00 AM
PLLD 2	02PLUS	Passed Monthly	1/4/2018 10:04:00 PM



























Tank Pit





Food Mart

No Other Gasoline Protects Better

Shell

5

GOLD STARS

BEAT IT WITH PEPSI

INDIANA 1195



Regular Unleaded



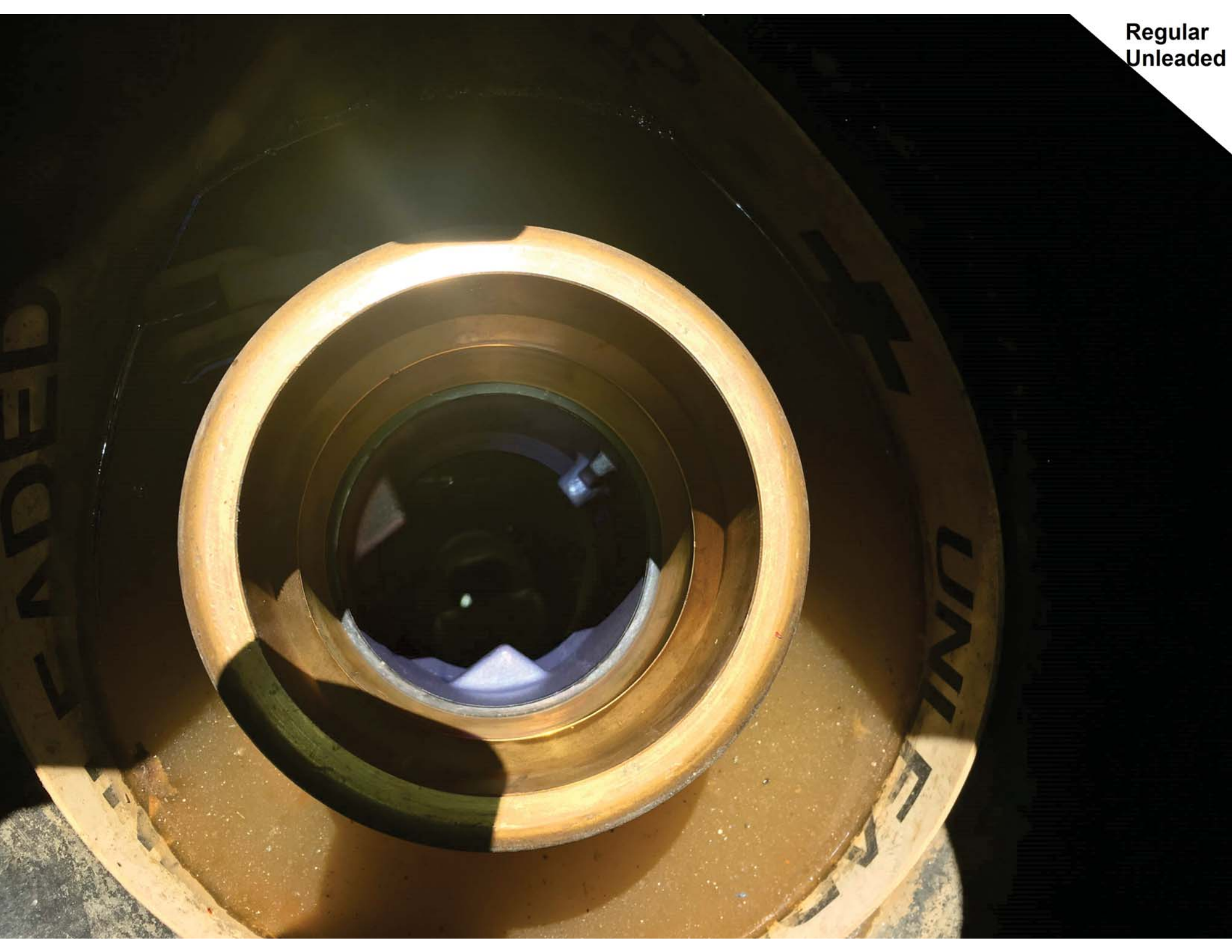


Regular  
Unleaded





Regular  
Unleaded





Regular  
Unleaded





Regular  
Unleaded





Regular  
Unleaded





Regular  
Unleaded







Mid-Grade

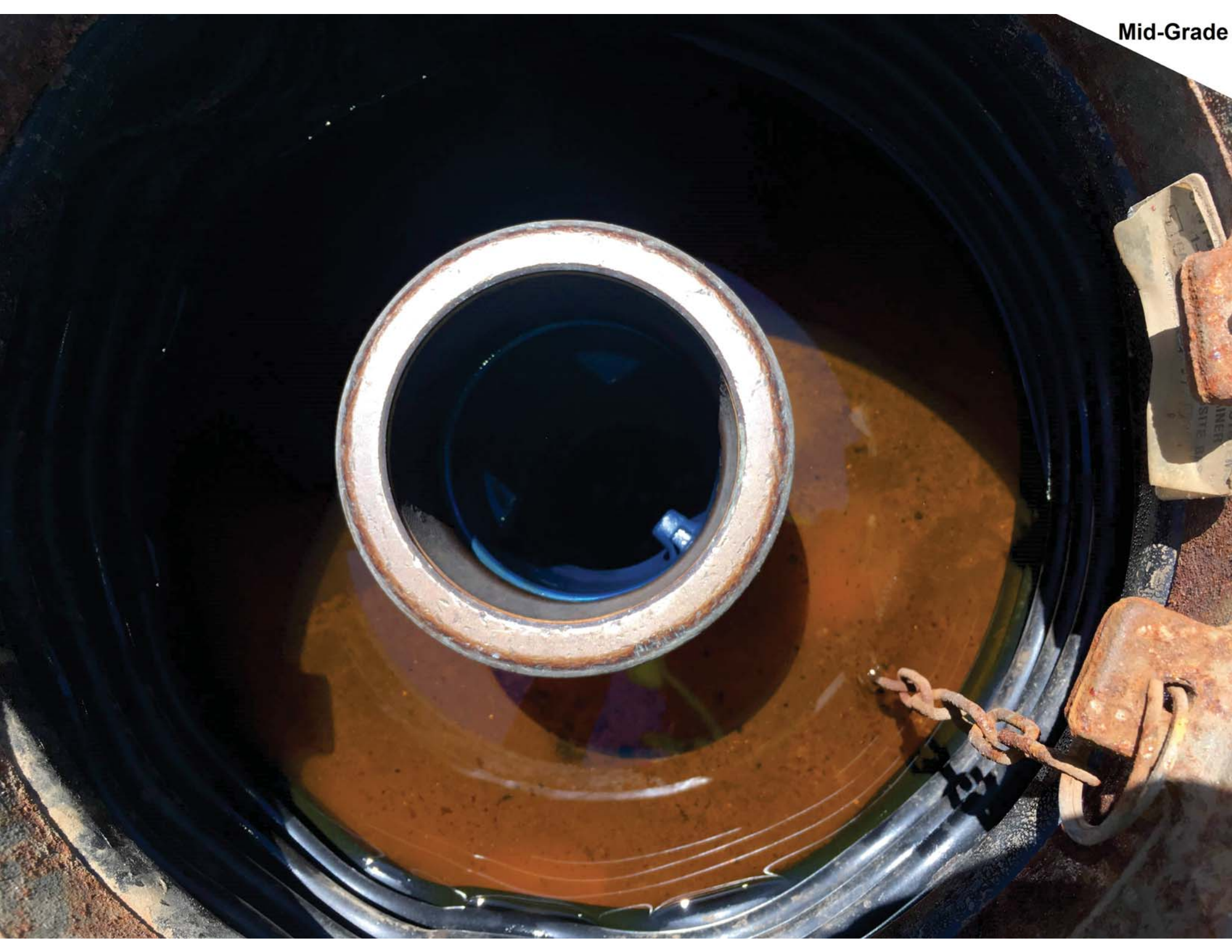








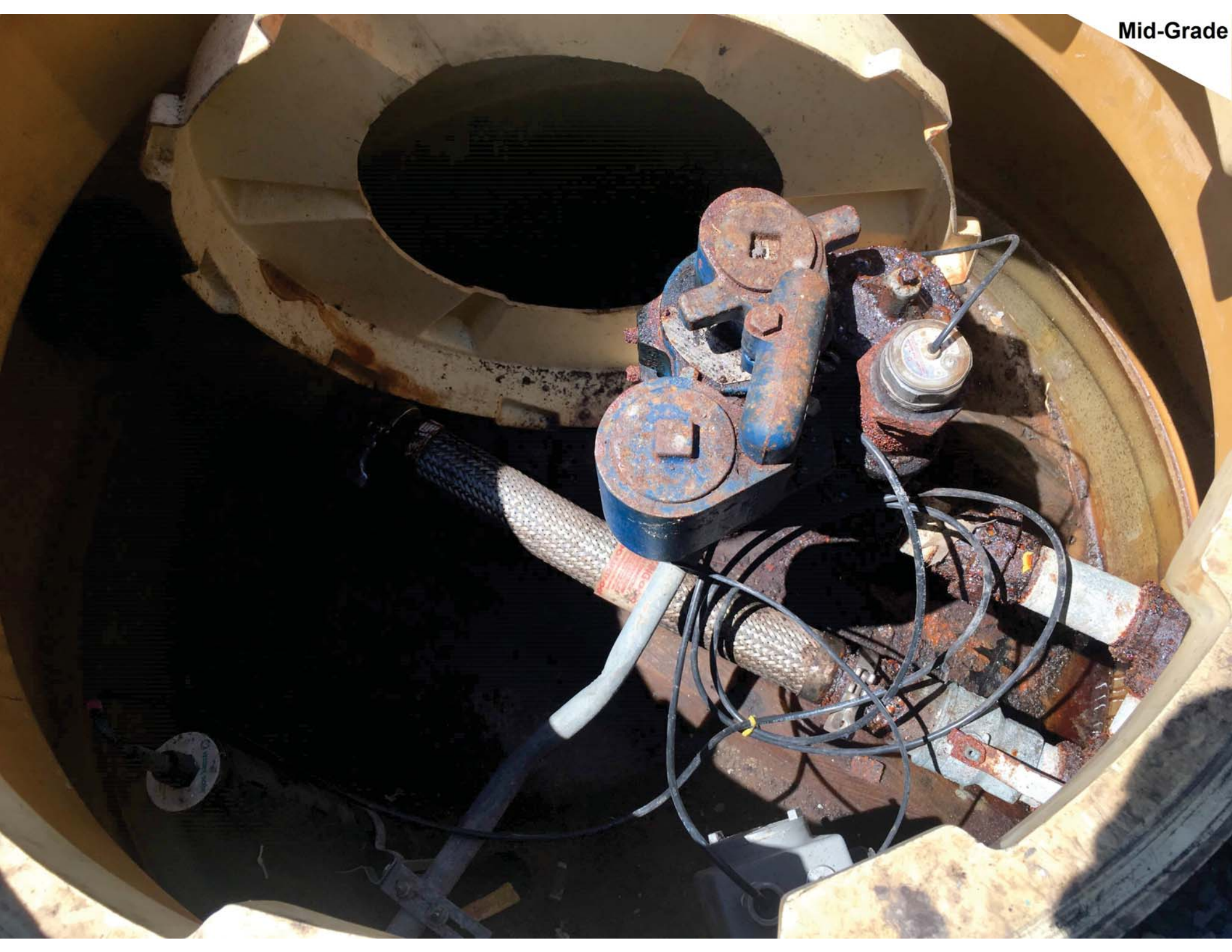




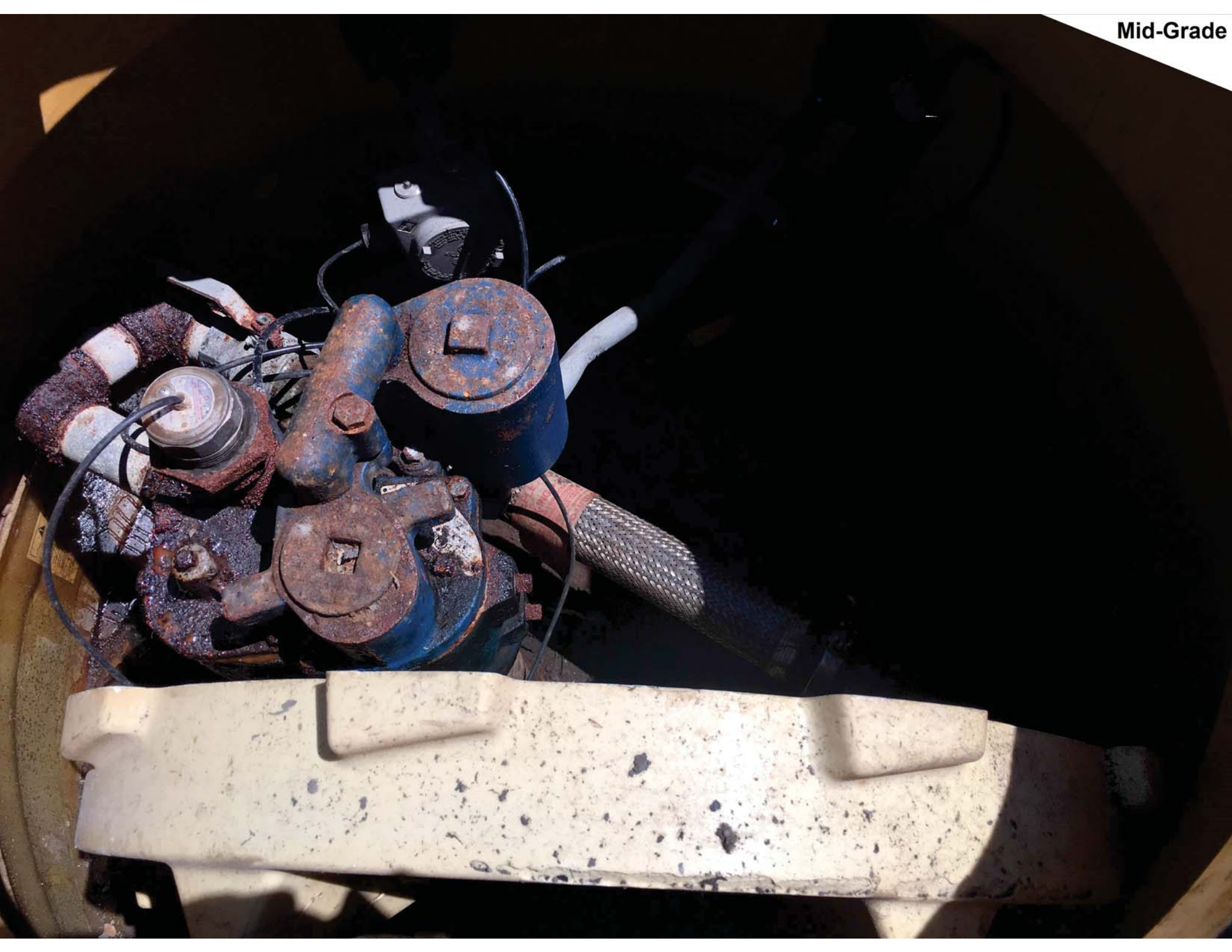
















Premium

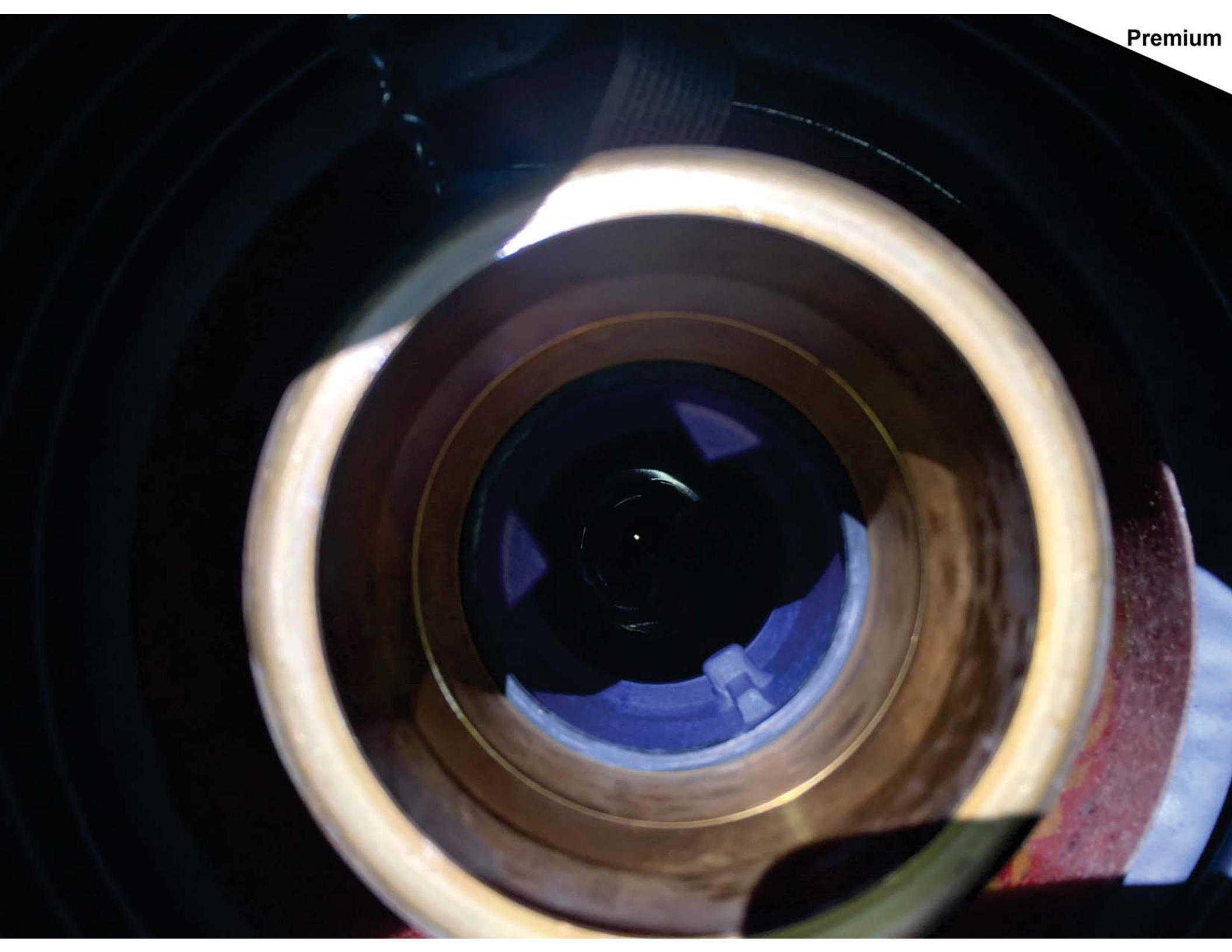




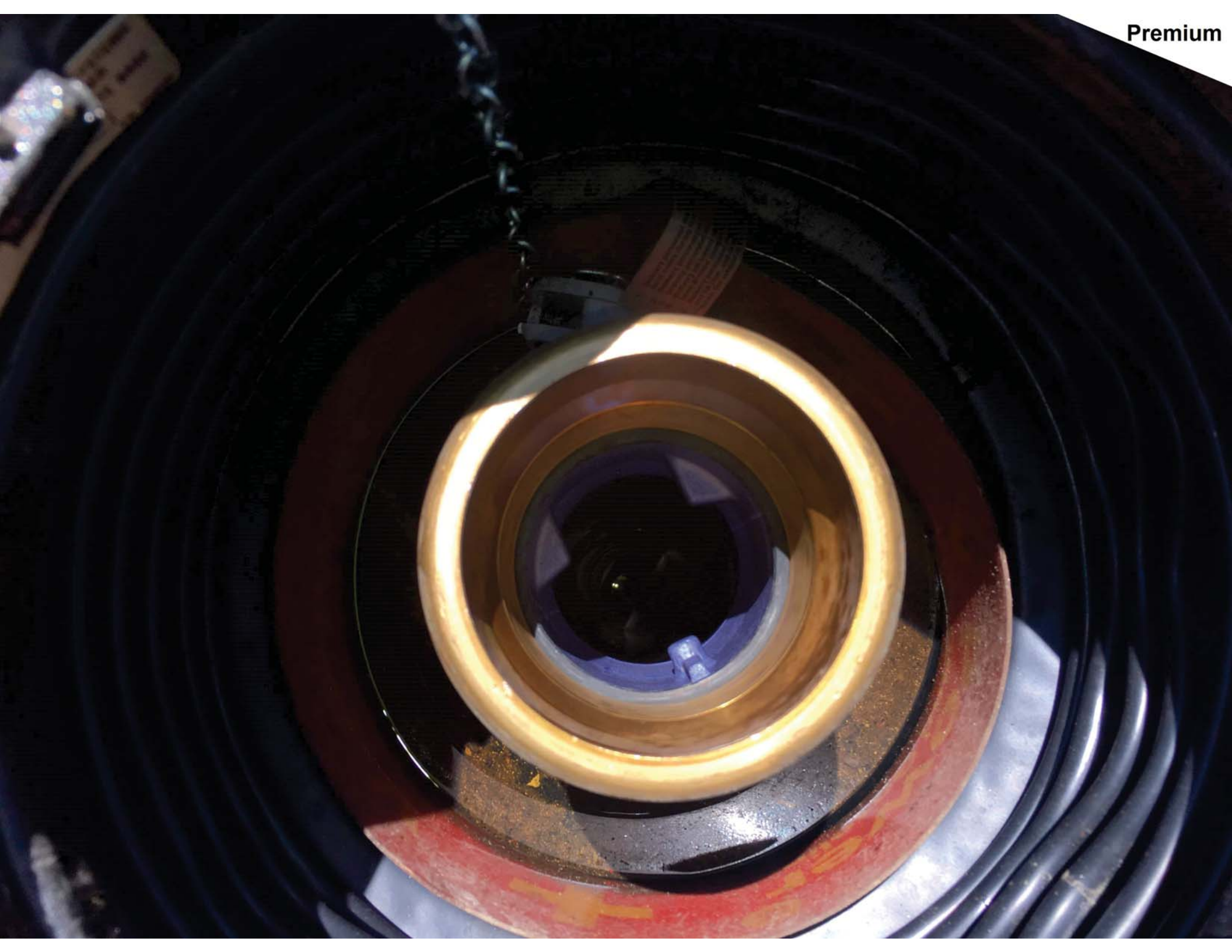
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Premium



















SAFE WASTE



LEXUS







