EPIC Compliance Systems Inc.

1435 Huntington Ave, Suite 230, South San Francisco, CA 94080
▪ 888-700-EPIC ▪ Fax 415-296-6110 ▪
www.epiccompliance.com ▪ contact@epiccompliance.com

Letter of Transmittal

Date: 08/22/2011

To: GGP-Cardlock / Rinehart Oil
1107 5th Street
Oakland, CA 94607
Attn: Joan Bosrock / Mike Sabella

Re: Testing Results

Joan/Mike,

Enclosed are copies of the Vapor Pressure Sensor Integrity and Ambient Reference (Exhibit 8 - VR-203-F and VR-204-F) reports for the testing performed at your location. State law requires that you keep a copy of these results at your location. For your convenience the results were forwarded to your local agency.

If you have any questions or need any further information please feel free to contact us at 1-888-700-EPIC.

Thank you,

EPIC Compliance Systems Inc.

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

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 Name: GGP-Cardlock / Rinehart Oil Bldg. No. —

Site Address: 1107 5th Street City: Oakland, CA Zip: 94607

Facility Contact Person: Joan Bosrock/Mike Sabella Contact Phone No: 510-836-0774

Make/Model of Monitoring System: VR TLS-350 Date of Testing/Servicing: 8/18/2011

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: 1 - 87

- ☑ In-Tank Gauging Probe. Model: MAG-1
- ☑ Annular Space or Vault Sensor. Model: 420
- ☑ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☑ Mechanical Line Leak Detector. Model: 116-056
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: 3 - Diesel

- ☑ In-Tank Gauging Probe. Model: MAG-1
- ☑ Annular Space or Vault Sensor. Model: 420
- ☑ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☑ Mechanical Line Leak Detector. Model: 99LD2000
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: 2 - 91

- ☑ In-Tank Gauging Probe. Model: MAG-1
- ☑ Annular Space or Vault Sensor. Model: 420
- ☑ Piping Sump / Trench Sensor(s). Model: 208
- ☐ Fill Sump Sensor(s). Model:
- ☑ Mechanical Line Leak Detector. Model: 116-056
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID:

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

Dispenser ID: 1 / 2 GGP

- ☑ Dispenser Containment Sensor(s). Model: Beaudreau 404
- ☑ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 6 / 7 Pacific Pride

- ☑ Dispenser Containment Sensor(s). Model: Beaudreau 404
- ☑ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 7 / 8 GGP

- ☑ Dispenser Containment Sensor(s). Model: Beaudreau 404
- ☑ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:

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

Dispenser ID: 1, 2, 3, 4, 5 Pacific Pride

- ☑ Dispenser Containment Sensor(s). Model: Beaudreau 404
- ☑ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:

- ☐ Dispenser Containment Sensor(s). Model:
- ☐ 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 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)*****:** ☒ **System set-up** ☒ **Alarm history report**

Technician Name (print): Al Milburn Signature: Allen L. Milburn

Certification No: A27843 License. No. 956593

Testing Company Name: EPIC Compliance Systems Inc. Phone No. 888-700-EPIC

Testing Company Address: 1435 Huntington Ave, Suite 230, South San Francisco, CA 94080 Date of Testing/Servicing: 8/18/2011

D. Results of Testing/Servicing

Software Version Installed: 329.01

Complete the following checklist:

☑ Yes	❑ No*	Is the audible alarm operational?
☑ Yes	❑ No*	Is the visual alarm operational?
☑ Yes	❑ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
☑ Yes	❑ No*	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	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
☑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* ☑ N/A	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? If so, at what percent of tank capacity does the alarm trigger? _%
☑ 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:

Replaced the Vapor Pressure Sensor on the vent stack.

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*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☐ 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 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:

☑ Yes	☐ No* ☐ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? *(Check all that apply)* Simulated leak rate: ☑ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☑ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☑ Yes	☐ No*	Was the testing apparatus properly calibrated?
☑ Yes	☐ No* ☐ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☐ Yes	☐ No* ☑ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☐ Yes	☐ No* ☑ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☐ Yes	☐ No* ☑ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☐ Yes	☐ No* ☑ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☑ Yes	☐ 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:

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name:	GGP Cardlock-Rinehart Oil	Date of Testing:	8/18/2011
Facility Address:	1107 5th Street, Oakland, CA 94607		
Facility Contact:	Joan Bosrock	Phone:	510-836-0774
Date Local Agency Was Notified of Testing:	8/4/2011		
Name of Local Agency Inspector *(if present during testing)*:	Keith Matthews		

2. TESTING CONTRACTOR INFORMATION

Company Name:	EPIC Compliance Systems Inc.
Technician Conducting Test:	Al Milburn
Credentials[1]:	☑ CSLB Contractor ☑ ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)*
License Number(s):	956593

3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	☑ Hydrostatic ☐ Vacuum		☐ Other	
Test Equipment Used:	1 hr Lake Test		Equipment Resolution:	1/16″
Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	1 **87**	2 **91**	3 **Diesel**	4
Bucket Installation Type:	☑ Direct Bury ☐ Contained in Sump	☑ Direct Bury ☐ Contained in Sump	☑ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump
Bucket Diameter:	22.5″	22″	12″	
Bucket Depth:	17.5″	17″	12.5″	
Wait time between applying vacuum/water and start of test:	5 min	5 min	5 min	
Test Start Time (T_I):	1030	1030	1030	
Initial Reading (R_I):	16.5″	14″	9.5″	
Test End Time (T_F):	1130	1130	1130	
Final Reading (R_F):	16.5″	14″	9.5″	
Test Duration ($T_F - T_I$):	1 hr	1 hr	1 hr	
Change in Reading ($R_F - R_I$):	0	0	0	
Pass/Fail Threshold or Criteria:	0	0	0	
Test Result:	☑ **Pass** ☐**Fail**	☑ **Pass** ☐**Fail**	☑ **Pass** ☐**Fail**	☐ **Pass** ☐ **Fail**

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

All Pass

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: Allen L Milburn Date: 8/18/2011

[1] State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.