



Vaporless Manufacturing, Inc.
Quality Petroleum Equipment
Solutions for Over 20 Years

LDT- 890 Test Form & VMI Warranty Checklist

October 1st, 2006

Test Information:

Date: 8/1/2012 Test Company: EPIC Compliance Systems Inc.
 Telephone: 408-480-4387 Contact: Mike Sabella
 Site I.D.: GGP Cardlock-Rinehart Oil Address: 1107 5th Street
 City: Oakland State: CA Zip: 94607
 Type of Test Equipment: LDT - 890

Submersible Pump Identification:

MFG: FE Petro Model No: STP-150-132-24 Serial No: 98090129

Leak Detector Identification:

MFG: VMI Model No: 99LD2000 Serial No: 07121232

Replacement Leak Detector Identification:

MFG: _____ Model No: _____ Serial No: _____

Line Conditions

1. Type of Pipe: Ameron 2. Diameter of Pipe: 2" 3. Length of Pipe: 150'
 4. Burial Depth of Leak Detector: 36" 5. Kind of Fuel: Diesel 6. Date of Last Line Test: —

Test Conditions

1. Operating Pump Pressure: 33 2. Gallon per hour test rate: 3 @ 10 psi
 3. Static Line Pressure (Pump Off): 33 4. Bleedback Test (Pump Off): 300 ml.
 5. Step-through time to full flow 5 seconds (0 psi. to full pump pressure, no leak)
 6. Leak detector stays in Leak Search Position with a 3 GPH leak - Yes: PASS No: FAIL
 7. Was the leak detector adjusted - Yes: No:

Symptoms

1. Won't find 3 GPH leak: _____ 2. Stays in Slow Flow: _____
 3. Other: _____

***** If This Unit Is Returned Under Warranty Please Complete The Following *****

Vaporless RGA#: _____ Return By (Company): _____
 Telephone: _____ Contact: _____
 Customer Control #: _____ Address: _____
 City: _____ State: _____ Zip: _____



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 | 8/1/2012 |
| Facility Address: | 1107 5th Street, Oakland, CA 94607 | | |
| Facility Contact: | Mike Sabella | Phone: | 408-480-4387 |
| Date Local Agency Was Notified of Testing: | 7/9/2012 | | |
| Name of Local Agency Inspector <i>(if present during testing):</i> | | | |

2. TESTING CONTRACTOR INFORMATION

| | | | |
|-----------------------------|---|---|--|
| Company Name: | EPIC Compliance Systems Inc. | | |
| Technician Conducting Test: | Al Milburn | | |
| Credentials ¹ : | <input checked="" type="checkbox"/> CSLB Contractor | <input checked="" type="checkbox"/> ICC Service Tech. | <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other <i>(Specify)</i> |
| License Number(s): | 956593 | | |

3. SPILL BUCKET TESTING INFORMATION

| | | | |
|---|---|---|---|
| Test Method Used: | <input checked="" type="checkbox"/> Hydrostatic | <input type="checkbox"/> Vacuum | <input type="checkbox"/> Other |
| Test Equipment Used: | 1 hr Lake Test | | Equipment Resolution: 1/16" |
| Identify Spill Bucket <i>(By Tank Number, Stored Product, etc.)</i> | 1 87 | 2 91 | 3 Diesel |
| Bucket Installation Type: | <input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump | <input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump | <input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> 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 ₁): | 1045 | 1045 | 1045 |
| Initial Reading (R ₁): | 16.5" | 14" | 9.5" |
| Test End Time (T _F): | 1145 | 1145 | 1145 |
| Final Reading (R _F): | 16.5" | 14" | 9.5" |
| Test Duration (T _F - T ₁): | 1 hr | 1 hr | 1 hr |
| Change in Reading (R _F - R ₁): | 0 | 0 | 0 |
| Pass/Fail Threshold or Criteria: | 0 | 0 | 0 |
| Test Result: | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail |

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.

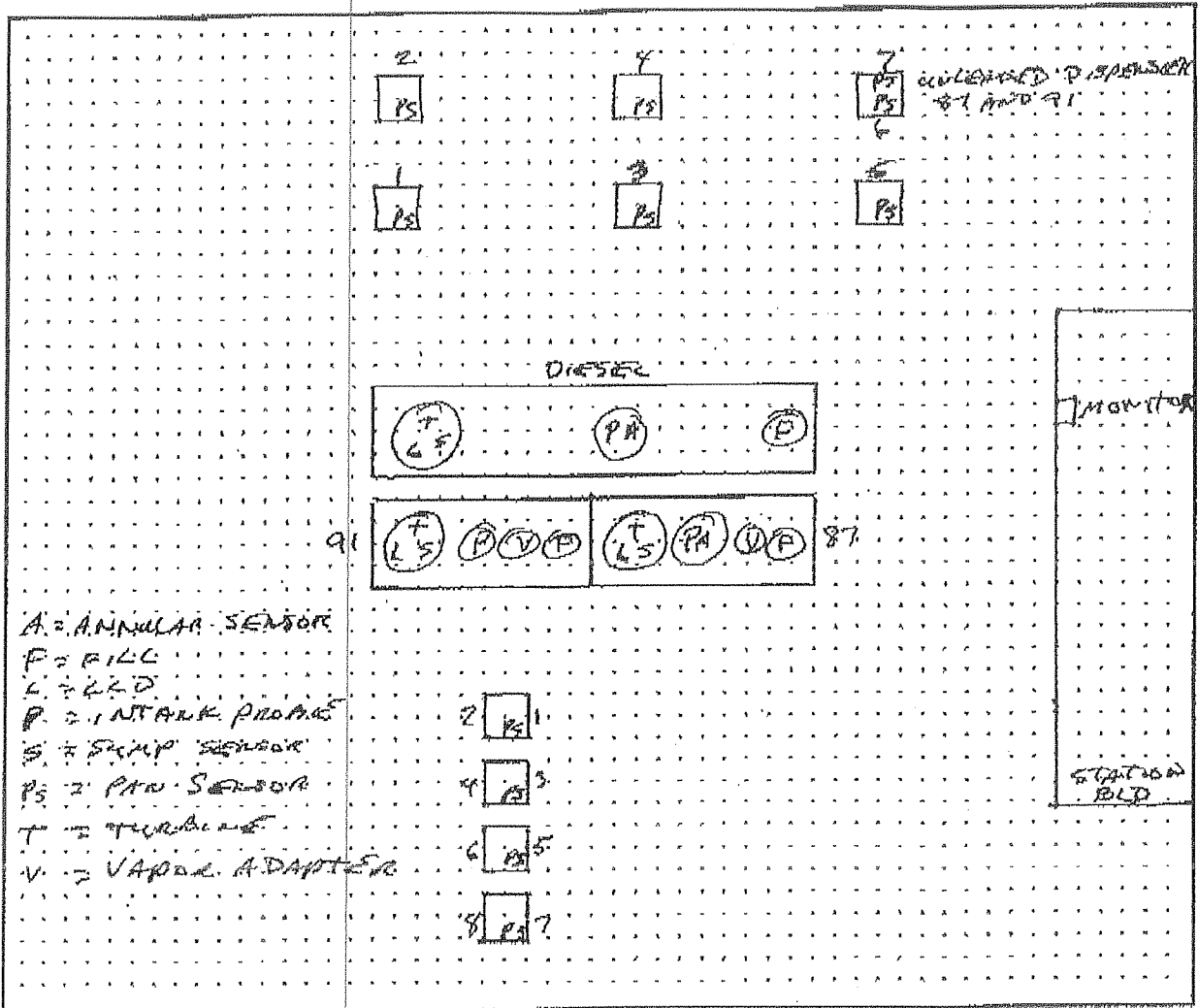
Technician's Signature: Date: 8/1/2012

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



UST Monitoring Site Plan

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



Date map was drawn: 8/1/2012

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.