

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: Mike Sabella Contact Phone No: 408-480-4387
 Make/Model of Monitoring System: VR TLS-350 Date of Testing/Servicing: 8/1/2012

B. Inventory of Equipment Tested/Certified


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

<p>Tank ID: 1 - 87</p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>MAG-1</u> <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>420</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>208</u> <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>116-056</u> <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: 3 - Diesel</p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>MAG-1</u> <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>420</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>208</u> <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>99LD2000</u> <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: 2 - 91</p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>MAG-1</u> <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>420</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>208</u> <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>116-056</u> <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID:</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Dispenser ID: 1 / 2 GGP</p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>Beaudreau 404</u> <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: 6 / 7 Pac Pride</p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>Beaudreau 404</u> <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: 7 / 8 GGP</p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>Beaudreau 404</u> <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID:</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: 1, 2, 3, 4, 5 Pac Pride</p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>Beaudreau 404</u> <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID:</p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <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 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
 Certification No: A27843
 Testing Company Name: EPIC Compliance Systems Inc.
 Testing Company Address: 1435 Huntington Ave, Suite 230
South San Francisco, CA 94080

Signature: 
 License No. 956593
 Phone No. 888-700-EPIC
 Date of Testing/Servicing: 8/1/2012



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: 98090127

Leak Detector Identification:

MFG: Red Jacket Model No: 116-056 Serial No: 11104-4189

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: 70'
 4. Burial Depth of Leak Detector: 35" 5. Kind of Fuel: 87 6. Date of Last Line Test: —

Test Conditions

1. Operating Pump Pressure: 29 2. Gallon per hour test rate: 3 @ 10 psi
 3. Static Line Pressure (Pump Off): 29 4. Bleedback Test (Pump Off): 200 ml.
 5. Step-through time to full flow 4 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: _____

(See Website - www.vaporless.com - Technical Bulletin 032805)



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 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: 98090128

Leak Detector Identification:

MFG: Red Jacket Model No: 116-056 Serial No: 11104-4190

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: 70'
 4. Burial Depth of Leak Detector: 31" 5. Kind of Fuel: 91 6. Date of Last Line Test: —

Test Conditions

1. Operating Pump Pressure: 29 2. Gallon per hour test rate: 3 @ 10 psi
 3. Static Line Pressure (Pump Off): 29 4. Bleedback Test (Pump Off): 200 ml.
 5. Step-through time to full flow 4 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: _____