

VAPOR RECOVERY TEST CONCLUSION FORM

FACILITY

DATE: 3/17/10

FL ROBERTS 401
679 MAIN ST.
HOLYOKE, MA 01040

TEST CONCLUSIONS

PASS	FAIL	N/A	SYSTEM/ EQUIPMENT
PASS	FAIL	N/A	LEAK TEST
PASS	FAIL	N/A	TIE TEST
PASS	FAIL	N/A	PRESSURE / VENT CAP TEST
PASS	FAIL	N/A	LIQUID BLOCKAGE
PASS	FAIL	N/A	DYNAMIC BACKPRESSURE
PASS	FAIL	N/A	A/L NOZZLE PERFORMANCE TEST *
PASS	FAIL	N/A	NOZZLE SHUT OFF / "6 CLICK" TEST
PASS	FAIL	N/A	HEALY VAPOR RETURN TEST
PASS	FAIL	N/A	HEALY FIELD TEST
PASS	FAIL	N/A	ANY OTHER TEST

REMARKS:

Replaced 1 Fill cap & 1 vapor cap -
 * On 3/11/10 there was no vac motor on #4, returned 3/16/10 and tested A/L, all tests passed.

APPROVAL Richard Bradford
 RICHARD BRADFORD

ADVANCED TANK TESTING SERVICES, INC.



March 17, 2010

FL Roberts
Ron Heald
P.O. Box 1964
Springfield, MA 01102-1964

Dear Ron,

On March 11 & 16, 2010, Advanced Tank Testing Services conducted testing at 679 Main St., Holyoke, MA 01040.

- STAGE II VAPOR TESTS PASSED*
- ELECTRONIC MINITOR TESTS PASSED
- ELECTRONIC LEAK DETECTOR TESTS PASSED
- IMPACT VALVE TESTS PASSED

*Replaced 1 Fill Cap and 1 Vapor cap.

*Dispenser #4 had no vac motor, returned on March 16 for retest, all Stage II Vapor tests passed.

Copies of the Electronic Leak Detector certificate and Impact Valve report have been sent to the Holyoke Fire Department.

If you should have any questions, please call 413-665-8300.

Sincerely,



Richard Bradford

P.O. Box 385
South Deerfield, Massachusetts 01373
413-665-8300

ADVANCED TANK TESTING SERVICES, INC.
P.O. BOX 385
SOUTH DEERFIELD, MA 01373
413-665-8300

SUMMARY OF LEAK TEST RESULTS

EXECUTIVE ORDER:					
BALANCE	G7052AM	HEALY 400	G70-186	TOKH.MAX	G70154AA
GILBARCO	G70150AE	HEALY600	G70165	OPW VAPOR EZ	G70163AA
WAYNE	G70153AD	HEALY 800	G70191	ABOVE GROUND STORAGE TANK	
OTHER		HEALY AST	G70187		

FACILITY		
NAME AND ADDRESS	TWO POINT <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	PASSED 1 ST TEST <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
FL ROBERTS 401	COAXIAL <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
679 MAIN ST.	MANIFOLD TEST <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	RESEALED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
HOLYOKE, MA 01040	P/V CAP TEST <input checked="" type="checkbox"/> P <input type="checkbox"/> F	ADJUSTED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
	# NOZZLES 04	REPLACED THE FOLLOWING:
CONTACT:	# DISPENSERS 2	
PHONE #:		1 Filter 1 Vapor Cap

TANK #	1	2	3	4
PRODUCT	RAG	ULTRA		
TANK CAPACITY	11027	1841		
VOLUME IN TANK	4128	1410		
ULLAGE	7899	6431		
				TOTAL ULLAGE
				13,830

INITIAL PRESSURE W/C	10			
AFTER 1 MINUTE	9.45			
2	9.96			
3	9.83			
4	9.80			
5	9.75			
				ALLOWABLE PRESSURE
				9.68

LEAK TEST RESULTS **PASS** **FAIL** A/C on # 4

TESTERS:	DATE AND TIME	COMMENTS
JH / CW	3/11/10 0900	no UAC / Tom Larunne 3-11-10 PM Repair asap
		OK Rejected 3-11-10

SUMMARY OF PRESSURE DROP
vs.
FLOW/LIQUID BLOCKAGE
TEST RESULTS

SITE DBA: *FL ROBERTS 401*

TEST DATE:

3/11/2010

ADDRESS: *679 MAIN ST.*

TESTER'S LICENSE NO.

HOLYOKE, MA 01040

TESTER'S PHONE NO.

413-665-8300

TEST COMPANY: *Advanced Tank Testing Services*

TESTER:

Horne

Dispenser No.	Gallonge Dispensed for test	Max. Allowable Pressure inches H2O	0.15	0.45	0.95	Wet Test 0.45	Wet Test 0.95
		Flowmeter, CFH	40	60	80	60	80
<i>152 374</i>	<i>2.5 2.5</i>		<i>.02 .01</i>	<i>.04 .05</i>	<i>.07 .05</i>	<i>.04 .04</i>	<i>.04 .04</i>

ANNUAL AUTOMATIC TANK GAUGE FORM FOR UNDERGROUND STORAGE TANK SYSTEMS

Facility Name: FL ROBERTS 401 Date: 3/11/10
 Facility Address: 679 MAIN ST. City/State/Zip: HOLYOKE, MA 01040

Results of Annual Leak Monitoring Test:

Complete the following checklist using: Y=yes, N=no, N/A= not applicable
 If your answer is NO, or FAIL, then describe on the reverse side of this form how and when these items will be corrected

1. ATG MANUFACTURER'S NAME AND MODEL NUMBER	Tank #	1	2			
<u>VEEREN-AMT T18-350R</u>						
2. Leak monitor console assignments are correctly programmed and labeled for all sensors		<u>Y</u>	<u>Y</u>			
3. Tank secondary containment sensor is positioned per manufacturers requirements		<u>Y</u>	<u>X</u>			
4. Piping secondary containment (piping, intermediate, and or dispenser sump) sensors are positioned per manufacturer requirements		<u>Y</u>	<u>X</u>			
5. Brine level of interstitial space is within operating range.		<u>Y</u>	<u>Y</u>			
6. All sensors were visually inspected, manually tested, confirmed operational		<u>Y</u>	<u>Y</u>			
7. The leak monitor console audible alarm is confirmed operational and reset		<u>Y</u>				
8. The leak monitor console visuals alarm is confirmed operational and reset		<u>Y</u>				
9. The communication equipment (e.g. modem) is operational for leak monitoring systems and will relay alarms to a remote station		<u>Y</u>				
10. In summary, the leak monitor system is confirmed to be in proper operation per manufacturers' requirements, all sensors are reset and alarms have been cleared		<u>Y</u>				
		PASS		FAIL		

Verification

I hereby verify that the equipment identified in this document was tested for proper operation in performance of the original design function in accordance with the manufacturers' requirements

Technician Name: Hamel Technician Signature: [Handwritten Signature]

LEAK DETECTOR TEST CERTIFICATE

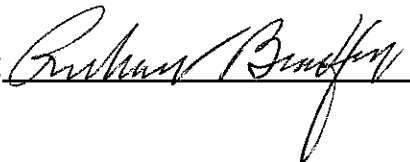
CLIENT F L ROBERTS
P. O. BOX 1964
SPRINGFIELD, MA 01102
TANK ADDRESS FL ROBERTS 401
679 MAIN ST.
HOLYOKE, MA 01040
TEST DATE MARCH 11, 2010

<u>LINE</u>	<u>LEAK DETECTOR TEST RESULT</u>
REGULAR	PASSES
SUPER	PASSES

REMARKS: EACH ELECTRONIC LEAK DETECTOR SYSTEM COMPLIES WITH THE STATE OF MASSACHUSETTS AND EPA GUIDELINES FOR ACCEPTABLE TEST RESULTS.

APPROVAL: RICHARD BRADFORD
ESTABROOK #0227
RED JACKET # A29637

SIGNATURE



ELECTRONIC LEAK DETECTOR TEST FORM FOR UNDERGROUND STORAGE TANK SYSTEMS

Facility Name: FL ROBERTS 401

Date: 3/11/2010

Facility Address: 679 MAIN ST.

City/State/Zip: HOLYOKE, MA 01040

1. All pressurized piping shall be equipped with an automatic line leak detector which shall restrict or stop the flow of the stored substance and trigger an audible or visual alarm upon detecting a leak at a rate of 3 gallons per hour at a pressure of 10 pounds per square inch line pressure within an hour. Automatic line leak detector shall be tested annually to confirm that they are operating according to the manufacturer's requirement.

2. Line leak detector is required to be tested in-place. Do not remove and test outside the system.

Test Information and Results

Tank Number:	Tank # 1	Tank # 2	Tank #	Tank #	Tank #	Tank #	Tank #
Product Stored (gas, diesel, etc.)	Res	Super					
Capacity (gallons)	12000	2000					
LLD Manufacturer:	Vedder Rot	Vedder Rot					
LLD Model Number:	PLU	PLD					
Tested Leak Rate: (gallons per hour)	3 GPH	3 GPH					
RESULTS:	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail

Complete the following only if any of the above LLD's have failed and replaced with New LLD's.

Replaced LLD Manufacturer:							
LLD Model Number:							
Tested Leak Rate: (3 gallons per hour max)							
RESULTS:	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail

An Automatic line leak detector failure shall be indicated by a leak rate of greater than 3 gallons per hour at a pressure of 10 pounds per square inch line pressure within one hour. The failed line leak detector shall be repaired or replaced immediately. The affected piping system(s) shall be taken out of service until satisfactory repairs are made or the line leak detector is replaced.

Verification - I, hereby, verify that the automatic line leak detectors were tested to confirm that they are operating according to manufacturers requirements.

Technician Name and certification number:

Caleb Welch ~~836873~~ 836873

Signature:

Caleb Welch

Testing Company: Advanced Tank Testing Services, Inc.

Address: P.O. Box 385 South Deerfield, MA 01373

Phone Number: 413-665-8300

