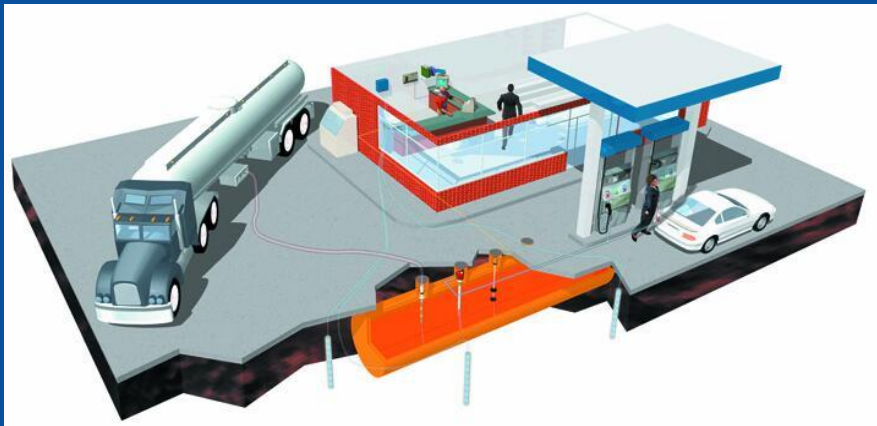


Compliance Management



*By J.R. Roberts
August 1, 2013
www.tanknology.com*



About Tanknology

- **Tanknology Inc.** is the leading provider of fuel system compliance testing solutions in the United States. We provide compliance and inspection services to nearly 50,000 sites and 3,000 customer annually. We support a diverse customer base, ranging from large National oil companies, hypermarketers, and logistics companies, to regional distributors and single site owner/operators across 50 states.



About Tanknology

At A Glance

- Founded in 1988
- Tested over 1 million tanks
- Fleet of 125 service vehicles
- Service 50 states
- Responsible for compliance management at over 11,000 sites nationwide.
- An Ever-Growing list of 20+ Alliance Partners Nationwide.
- 22 Licensees in more than 28 Countries Worldwide.



Tanknology Services

- **Compliance Testing**

- Tank Line and Leak Detector
 - Helium Leak Pinpointing
 - Aboveground Tank Testing
 - Secondary Containment Testing

- **ATG Certifications**

- System Installations
 - Operational Verifications

- **Cathodic Protection Services**

- Impressed Current Systems
 - Sacrificial Anode
 - Design, Installation and Repair
 - PetroScope™ Video Inspection

- **Stage I and II Vapor Recovery**

- Testing (A/L, PD, etc.) Maricopa County
 - PVVC (NESHAP Subpart CCCCCC)
 - Owner/Operator Training

- **Tank Deflection Analysis**

- Proprietary Method



Tanknology Services Cont.

- **Fuel Pure™ Fuel Filtration**
- **Ethanol Preparation Services**
 - Bottom Sweep
 - Water Injection and Removal
- **Site Inspection and Audit Services**
 - State Required Inspections (A/B Operator)
 - Customized Surveys
 - Compliance Inspections
 - Maintenance Assessments
- **Online Operator Training**
 - Class C Operators
- **Site Upgrades/Light Construction**
 - Spill Bucket Replacement
 - Sump and UDC Repair
- **Meter Calibration**



Tanknology Service Contacts.

- Sales Manager- J.R. Roberts
(602) 377-0033
jroberts@tanknology.com
- Division VP- Mark Lindsey
(951) 538-6205
mlindsey@tanknology.com
- Scheduling- Jeff Kertis
(800) 666-2176
jkertis@tanknology.com



Compliance Management

- ❖ Self Manage/Manage by Exception and wait for the NOV to arrive.



-OR-



- ❖ Implement a Proactive Compliance Program, Operator Training, Periodic Inspections and Required Testing



Compliance Management

❖ Self Manage/Manage by Exception.

- Non-Compliance
- Enforcement (NOV-Notice of Violation)
- Penalties (???\$\$/tank/day of violation)
- Impacts Business
- Uncontrolled Expense
- Possible Environmental Impact



Remember.....One NOV from an Inspector could mean several return visits. You are now under a **Microscope** of continued compliance. Not to mention, the potential Penalty.



Compliance Management

❖ A Good Proactive Compliance Program and/or Class A, B and C Operator Training Program.

- Help Minimize and Control Possible Environmental Impact
- Requirement for A, B, C Operators at every Gas Dispensing Facility, GDF.
- Requirements for certification for each level of Operator
- AZ approval for Operator Training Sources are still pending for A/B Operator. Class C operator training has been approved.
See...<http://www.usttraining.com/> (Energy Policy Act of 2005- Federal Mandate requires training at all levels by August 8, 2012).



Compliance Management

Class of Operator

- ❖ Class A – Persons having primary responsibility for on-site operation and maintenance of the UST Systems.
- ❖ Class B – Persons having daily on-site operation and maintenance of UST Systems.
- ❖ Class C – All daily on-site employees having primary responsibility for addressing emergencies presented by a spill or release from an UST System



Compliance Management

Who Participates?

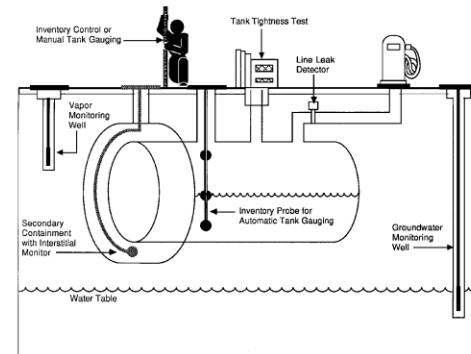
- ❖ All employees working on or around fuel storage and dispensing facilities will complete training.
- ❖ Goal is to insure a trained person is on site during all open hours of operation.



Compliance Management

Purpose of Program

- ❖ To maintain safe and controlled methods for storing and dispensing fuel.
- ❖ To keep accurate documentation of the handling, monitoring and maintenance of the fuel facility.



Compliance Management

Record Keeping

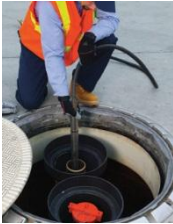
- ❖ It is the responsibility of the owner/operator.
- ❖ To maintain on site the most current copies of all testing, certifications and permits. The minimum test records required during Inspections are the following:
 - Monitor Certification Test(Includes LD Test)
 - Tank Test
 - Line Test
 - Stage I and II Testing (Maricopa County Only-ADWM)
 - Other Test Requirements **Coming Soon**
 - Secondary Containment Test
 - Spill Bucket Test
 - All Record Storage



Compliance Management

Tank Testing

- ❖ This may have been done at startup on double walled tanks.
- ❖ Required annually on Single walled tanks that do not have any form of leak detection in place.
- ❖ Must have most current test available.



TANKNOLOGY CERTIFICATE OF TESTING
 4011 N. MOORE CIRCLE, SUITE 410
 CHENO, CA 91710
 (951) 401-4554
 FAX (951) 401-4481

TEST RESULT SUMMARY REPORT

PURPOSE: COMPLIANCE
 TEST DATE: 06/16/07
 WORK ORDER NUMBER: 016488

CLIENT: SAFF'S CLUB
 3961 GRAND AVENUE
 CHENO, CA 91710
 (951) 401-4554

CUSTOMER P.O. NO.:
 SAFF'S CLUB 0610

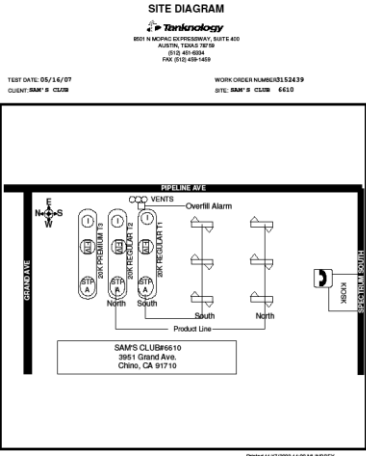
TANK ID	PRODUCT	TANK CAPACITY	TANK VOLUME	TANK MATERIAL	PRODUCT LEVEL	EXTERNAL MEASUREMENTS	TEST RESULT
070	UNLUBRATED	19,703	118.0	DM #1800	80.50		PASS
076	UNLUBRATED	19,703	118.0	DM #1800	82.55		PASS
01	BIWEX	19,703	118.0	DM #1800	45.00		PASS

When regulation requires, the Vacuum Decay test must be performed on tanks that are not equipped with a leak detection system.

LINE ID	LINE MATERIAL	DELIVERY TIME	TEST RESULT	FINAL LEAK RATE (GPH)	TEST METHOD	WARRANTY VALUE
070	DM #1800	P	0.000	0	STD-1	Y
076	DM #1800	P	0.000	0	STD-1	Y
01	DM #1800	P	0.000	0	STD-1	Y

LINE ID	MANUFACTURER	MODEL #	SERIAL #	RESULT	MANUFACTURER	MODEL #	SERIAL #	RESULT
070	VEEDERROOT	PELV	40044242	P				
076	VEEDERROOT	PELV	40044242	P				
01	VEEDERROOT	PELV	30044747	P				

For more detailed report information, visit www.tankology.com and select the Line Report/WALK or contact your local Tankology office.
 Tanker Name: PARKING #18000
 Tanker Identification Number: 1800



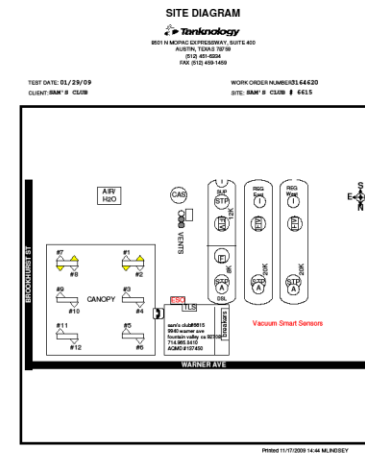
Compliance Management

Line Tests

- ❖ This may have been done at startup on double walled lines.
- ❖ Normally done with Monitor Certification every 12 months if lines are single wall.
- ❖ Must have most current test available.



Tankology											
TANKOLOGY CERTIFICATE OF TESTING											
800 N MARKET EXPRESSWAY, SUITE 400, FOUNTAIN VALLEY, CA 92708											
TELEPHONE: (949) 451-5554 FAX: (949) 451-5554											
PURPOSE: COMPLIANCE						TEST RESULT SUMMARY REPORT					
TEST DATE: 01/28/09						WORK ORDER NUMBER: 114880					
CLIENT: SAMP'S CLUB				SITE: SAMP'S CLUB # 8915				CUSTOMER PO:			
DEPT. 888				808 SOUTHWEST 8TH STREET				808 SOUTHWEST AVE			
FOUNTAIN VALLEY, CA 92708				FOUNTAIN VALLEY, CA 92708				HOBBS			
(CITY/STATE)				(CITY/STATE)				(CITY/STATE)			
Product Pipe Thickness Test Results TEST TYPE: TLD-1											
LINE ID	LINE PRODUCT	LINE MATERIAL	DELIVERY TYPE	A	B	C	D	FINAL LEAK RATE GPM	SPACED VALUE	STATUS	REMARKS
87 waat 1	REGULAR	DM F238D	PRESSURE	P				0.000	0	Y	
87 waat 2	REGULAR	DM F238D	PRESSURE	P				0.000	0	Y	
81	BRUNING	DM F238D	PRESSURE	P				0.000 0.000	0	Y	
81 waat 4	ICEBEL	DM F238D	PRESSURE	P				0.000	0	Y	
Existing Line Leak Detection Test											
LINE ID	MANUFACTURER	MODEL #	SERIAL #	RESULT	MANUFACTURER	MODEL #	SERIAL #	RESULT			
87 waat 1	RED JACKET	FX2V	40907047	P							
87 waat 2	RED JACKET	FX2V	40907048	P							
81	RED JACKET	FX2V	40907097	P							
81 waat 4	RED JACKET	FX2-V	140907088	P							
New Installation Line Leak Detection Test											
LINE ID	MANUFACTURER	MODEL #	SERIAL #	RESULT	MANUFACTURER	MODEL #	SERIAL #	RESULT			



Compliance Management

Stage I and II Testing

- ❖ This testing must be done annually within the same month every year (Maricopa County Only).
 - Pressure Decay Test (TP 91-1 or TP 96-1)
 - Liquid Blockage Test (TP 201.4)
 - Air to Liquid Ratio Test (TP 201.5)



Arizona Department of Weights and Measures
Vapor Recovery
Pre-Test Checklist

Pre-Test Date _____
Location BMF # _____
RRR No. _____

Site Location
Name _____
Address _____
City, State, & Zip _____

Testing Company
Name _____
Address _____
City, State, & Zip _____

Pre-Test Conducted Yes No

Type of VR System:
 Balance Vapor Vac Healy Wayne Vac Hirt Hasstech
 Manifold Dedicated Vent pipe color _____

87 UNL Actual Tank Size (gal) _____ Tank Size _____
 Gallons _____
 Utilage% _____

87 UNL Tank Size _____
 Gallons _____
 Utilage% _____

89 MUL Tank Size _____
 Gallons _____
 Utilage% _____

91 SUL Tank Size _____
 Gallons _____
 Utilage% _____

Test Criteria: Test Time _____ Test Method TP 91-1 TP 96-1
 Total Tank Capacity _____ Total Gallons _____ Total Utilage _____
 Total Utilage _____ X5min/1000 Gal = _____ Length of Test _____

Tank Pad Inspection:

	Spill Bucket Properly Installed & Tested	Spill Bucket Clean & Dry	Spill Bucket Drain Operable	Fill Vapor Caps & Gaskets
87	Y N	Y N	Y N	Y N
89	Y N	Y N	Y N	Y N
91	Y N	Y N	Y N	Y N
91	Y N	Y N	Y N	Y N
91	Y N	Y N	Y N	Y N

Was all work performed by the testing company? Yes No (if No then indicate company)
 Was the system tested after repairs? Yes No

Pre Test Completion Checklist:
 Communication Results _____
 A/C Results _____
 Pressure Decay Results _____ (value)
 PV Tested Results _____
 Dry & Clean Results _____
 Liquid Blockage Results _____
 Test Dry Brakes Results _____
 gpm checked Results _____
 Checked Vapor Puff Results _____
 Checked for Skimmer Results _____

I certify that the facility's vapor recovery system and equipment, including hoses, nozzles, dispensers, vapor return line and tanks, have been tested for tightness to comply with federal, state and local regulations. I certify that the Facility is ready for its annual test.

Tester Signature _____ Date _____



Compliance Management

Other Testing(Secondary Containment)

- ❖ Secondary containment tested every 3 years or continuous monitoring required.
- ❖ Phased in over 3 years based on tank install date.



SWRCB, January 2002 Page 1.

Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of UDC secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and photos (if available), should be provided to the facility owner/operator for submission to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: **EMT'S 4413** Date of Testing: **01/21/2009**
 Facility Address: **951 NORTH HILLSHIRE AVE., ONTARIO, CA, 95744**
 Facility Contact: **STEVE** Phone: **(939) 476-9253**
 Date Local Agency Was Notified of Testing: **/ /**
 Name of Local Agency Inspector (if present during testing): **/ /**

2. TESTING CONTRACTOR INFORMATION

Company Name: **TANKNOLOGY, INC.**
 Technician Conducting Test: **JEFFERY SHANKLE**
 Credentials: CSLB Licensed Contractor SWRCB Licensed Tank Tester
 License Type: **CCC** License Number: **892845-07**
 Manufacturer: **FRANKLIN FUELING** Date Training Expires: **10/01/2010**
 Component(s): **IBC#N 4327393741**

3. SUMMARY OF TEST RESULTS

Component	Pass			Fail			Repeats Made
	Tested	Not Tested	Repairs Made	Tested	Not Tested	Repairs Made	
IBC 1-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IBC 2-3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IBC 3-4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IBC 4-5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IBC 5-6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IBC 6-7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IBC 7-8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If hydrostatic testing was performed, describe what was done with the water after completion of test:
Left onsite in drums.

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING
 To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements.
 Technician's Signature: **Jeffery Shankle** Date: **01/21/2009**

SWRCB, January 2002 Page 2.

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By: UDC Manufacturer Industry Standard Professional Engineer
 Test Method Used: Other (Specify) Vacuum Hydrostatic

Test Equipment Used: **INCIN T5-075** Equipment Resolution:

	UDC# 1-2	UDC# 1-2	UDC# 3-4	UDC# 3-4
UDC Manufacturer:	Gilbarco	Gilbarco	Gilbarco	Gilbarco
UDC Material:	PPF	PPF	PPF	PPF
UDC Depth:	14"	14"	14"	14"
Height from UDC Top to Top of Highest Piping Penetration:	4"	4"	4"	4"
Height from UDC Top to Lowest Electrical Penetration:	0"	0"	0"	0"
Condition of UDC prior to testing:	OK	OK	OK	OK
Portion of UDC Tanked: ¹	11"	11"	11"	11"
Does tanking shut down when pump sensor detects liquid (both product and water)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Turn-on minimum response time:				
Is system programmed for fail-safe shut-down?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was fail-safe verified to be operational?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was time between applying pressure/vacuum/water and starting test:	15 Min:s	15 Min:s	15 Min:s	15 Min:s
Test Start Time:	07:58 AM	08:15 AM	07:58 AM	08:15 AM
Initial Reading (R ₁):	4.2847	4.2934	5.9418	5.9423
Test End Time:	08:13 AM	08:19 AM	08:13 AM	08:19 AM
Final Reading (R ₂):	6.2835	6.2833	5.9418	5.9423
Test Duration:	15 Min:s	15 Min:s	15 Min:s	15 Min:s
Change in Reading (R ₂ - R ₁):	-0.005	-0.001	-0.002	-0.003
Pass/Fail Threshold or Critical:	-0.020	-0.020	-0.020	-0.020
Test Results:	<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	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was sensor properly rephased and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

¹ If the entire depth of the UDC is not tanked, specify how much was tanked. If the answer to any of the questions indicated with an asterisk (*) is "N/A" or "NA", the entire UDC must be tested. (See SWRCB LGS-100)

SWRCB, January 2002 Page 3.

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By: UDC Manufacturer Industry Standard Professional Engineer
 Test Method Used: Other (Specify) Vacuum Hydrostatic

Test Equipment Used: **INCIN T5-075** Equipment Resolution:

	UDC# 5-6	UDC# 5-6	UDC# 7-8	UDC# 7-8
UDC Manufacturer:	Gilbarco	Gilbarco	Gilbarco	Gilbarco
UDC Material:	PPF	PPF	PPF	PPF
UDC Depth:	14"	14"	14"	14"
Height from UDC Top to Top of Highest Piping Penetration:	4"	4"	4"	4"
Height from UDC Top to Lowest Electrical Penetration:	0"	0"	0"	0"
Condition of UDC prior to testing:	OK	OK	OK	OK
Portion of UDC Tanked: ¹	11"	11"	11"	11"
Does tanking shut down when pump sensor detects liquid (both product and water)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Turn-on minimum response time:				
Is system programmed for fail-safe shut-down?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was fail-safe verified to be operational?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was time between applying pressure/vacuum/water and starting test:	15 Min:s	15 Min:s	15 Min:s	15 Min:s
Test Start Time:	07:58 AM	08:15 AM	07:58 AM	08:15 AM
Initial Reading (R ₁):	4.2787	4.2787	5.9819	5.9812
Test End Time:	08:13 AM	08:19 AM	08:13 AM	08:19 AM
Final Reading (R ₂):	4.2787	4.2786	5.9812	5.9810
Test Duration:	15 Min:s	15 Min:s	15 Min:s	15 Min:s
Change in Reading (R ₂ - R ₁):	-0.004	-0.001	-0.007	-0.002
Pass/Fail Threshold or Critical:	-0.020	-0.020	-0.020	-0.020
Test Results:	<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	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was sensor properly rephased and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

¹ If the entire depth of the UDC is not tanked, specify how much was tanked. If the answer to any of the questions indicated with an asterisk (*) is "N/A" or "NA", the entire UDC must be tested. (See SWRCB LGS-100)



Compliance Management

Other Testing (Spill Bucket Testing)

- ❖ Fill spill buckets.
- ❖ This test can be done with the monitor certification.
- ❖ Must be done once every 12 months.



SWRCB, January 2002 Page 1.

Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of CST secondary containment systems. The completed form and previous versions (if applicable), should be provided to the facility owner/operator for submission to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: SAM'S CLUB # 4709 Date of Testing: 05/04/2009
 Facility Address: 1395 E. ONTARIO AVE S/ST 15 FW, CORONA, CA, 91719
 Facility Contact: MANAGER Phone: (951) 582-9313
 Date Local Agency Was Notified of Testing: 04/20/2009
 Name of Local Agency Inspector of present during testing:

2. TESTING CONTRACTOR INFORMATION

Company Name: TAMNOLOGY, INC.
 Technician Conducting Test: WILLIAM RUGGERS
 Credentials: CSLB Licensed Contractor SWRCB Licensed Tank Tester
 License Type: TANK TESTER License Number: 3-1647

3. SUMMARY OF TEST RESULTS

Component	Pass				Fail			
	Pass	Fail	Not Tested	Repairs Made	Pass	Fail	Not Tested	Repairs Made
Spill Box 1 HSG FILL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box 2 HSG FILL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box 3 HSG VAPOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box 4 HSG FILL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box 5 HSG VAPOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box 6 HSG FILL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box 7 HSG VAPOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If hydrostatic testing was performed, describe when was done with the water after completion of tests:

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING
 I hereby certify that all the information contained in this document is accurate and in full compliance with legal requirements.
 Technician's Signature: *William Ruggers* Date: 05/04/2009

SWRCB, January 2006

9. Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of CST spill containment systems. The completed form and previous versions (if applicable), should be provided to the facility owner/operator for submission to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: SAM'S CLUB # 4709 Date of Testing: 05/04/2009
 Facility Address: 1395 E. ONTARIO AVE S/ST 15 FW, CORONA, CA, 91719
 Facility Contact: MANAGER Phone: (951) 582-9313
 Date Local Agency Was Notified of Testing: 04/20/2009
 Name of Local Agency Inspector of present during testing:

2. TESTING CONTRACTOR INFORMATION

Company Name: TAMNOLOGY, INC.
 Technician Conducting Test: WILLIAM RUGGERS
 Credentials: CSLB Contractor ICC Service Tech. SWRCB Tank Tester Other (Specify) TANK TESTER
 License Number: 3-1647

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: Hydraulic Vacuum Other

Test Equipment Used: Hydraulic Vacuum Other

Identify Spill Bucket (By Fund Number, Street Address, etc.)	1 HSG FILL	2 HSG VAPOR	3 HSG FILL	4 HSG VAPOR
	Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	10	12	10	12
Bucket Depth:	15 HENS	15 HENS	15 HENS	15 HENS
Wait time between applying vacuum/water and lifting bail:	8:30	8:30	8:30	8:30
Initial Reading (PSI):	9.5	9.5	9	10
Test End Time (HR):	9:30	9:30	9:30	9:30
Final Reading (PSI):	9.5	9.5	9	10
Test Duration:	1 HOUR	1 HOUR	1 HOUR	1 HOUR
Change in Reading (E - B):	0	0	0	0
Pass/Fail Threshold or Criteria:	0	0	0	0
Test Results:	<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	<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)

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: *William Ruggers* Date: 05/04/2009

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

SWRCB, January 2006

9. Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of CST spill containment systems. The completed form and previous versions (if applicable), should be provided to the facility owner/operator for submission to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: SAM'S CLUB # 4709 Date of Testing: 05/04/2009
 Facility Address: 1395 E. ONTARIO AVE S/ST 15 FW, CORONA, CA, 91719
 Facility Contact: MANAGER Phone: (951) 582-9313
 Date Local Agency Was Notified of Testing: 04/20/2009
 Name of Local Agency Inspector of present during testing:

2. TESTING CONTRACTOR INFORMATION

Company Name: TAMNOLOGY, INC.
 Technician Conducting Test: WILLIAM RUGGERS
 Credentials: CSLB Contractor ICC Service Tech. SWRCB Tank Tester Other (Specify) TANK TESTER
 License Number: 3-1647

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: Hydraulic Vacuum Other

Test Equipment Used: Hydraulic Vacuum Other

Identify Spill Bucket (By Fund Number, Street Address, etc.)	1 HSG FILL	2 HSG VAPOR	3 HSG FILL	4 HSG VAPOR
	Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	10	12	10	12
Bucket Depth:	15 HENS	15 HENS	15 HENS	15 HENS
Wait time between applying vacuum/water and lifting bail:	8:30	8:30	8:30	8:30
Initial Reading (PSI):	9.5	9.5	9	10
Test End Time (HR):	9:30	9:30	9:30	9:30
Final Reading (PSI):	9.5	9.5	9	10
Test Duration:	1 HOUR	1 HOUR	1 HOUR	1 HOUR
Change in Reading (E - B):	0	0	0	0
Pass/Fail Threshold or Criteria:	0	0	0	0
Test Results:	<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	<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)

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: *William Ruggers* Date: 05/04/2009

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



Compliance Management

Best Practice- Record Storage

- ❖ Keep copies of all tests, certifications and permits in one location.
- ❖ Keep all test records in chronological order. (by date, newest to oldest)
- ❖ Keep one Binder for Environmental
- ❖ Keep one Binder for Air Quality(ADWM)



Compliance Management

Best Practice- Hazardous Waste

- ❖ Remember, all liquid and debris removed from any fuel area is to be treated as a hazardous waste and disposed of properly.
- ❖ Place it in your hazmat barrels located on each site.
- ❖ Make sure hazmat labels are placed on containers and filled out properly



HAZARDOUS WASTE	
FEDERAL LAWS PROHIBIT IMPROPER DISPOSAL.	
IF FOUND, CONTACT THE NEAREST POLICE OR PUBLIC SAFETY AUTHORITY, OR THE U.S. ENVIRONMENTAL PROTECTION AGENCY.	
GENERATOR INFORMATION:	
NAME _____	
ADDRESS _____	
CITY _____ STATE _____ ZIP _____	
EPA ID NO. _____	EPA WASTE NO. _____
ACCUMULATION START DATE _____	MANIFEST TRACKING NO. _____
U.S. PROPER SHIPPING NAME AND OR OR NA NO WITH PREFIX	
HANDLE WITH CARE!	



Compliance Management

Best Practice-Spill & Vapor Buckets

Premium Fill Spill Bucket



❖ Spill & Vapor Buckets Must be kept Clean & Dry At all times

❖ Remove any standing liquid and/or debris

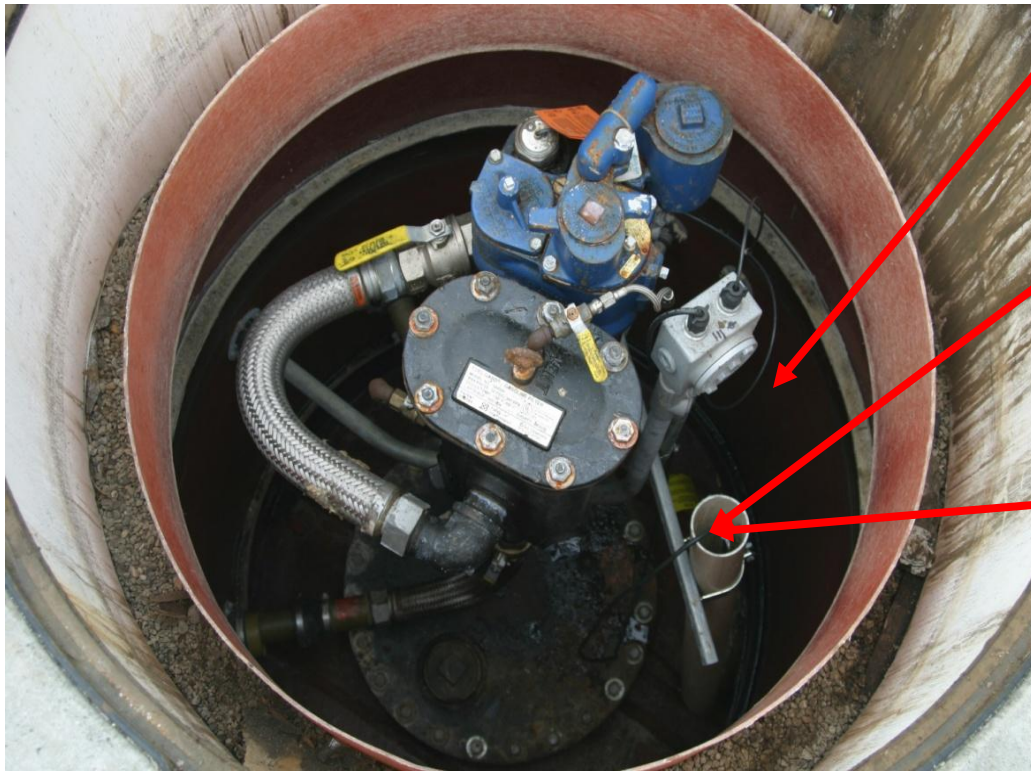
❖ Check caps for tight seal



Compliance Management

Best Practice- Tank Sumps

STP Sump



- ❖ Sump must be kept clean and dry.
- ❖ Sensor must be at the lowest point.
- ❖ Sensor must be in a straight up and down position.



Compliance Management

Best Practice- Dispensers

- ❖ Dispenser pan must be kept clean and dry.
- ❖ Check hanging hardware for cracks or leaks. (hoses, nozzles, break-a-ways etc)
- ❖ Sensor must be at lowest point.
- ❖ Sensor must be straight up and down.



Compliance Management

Best Practice-Monitor Panel

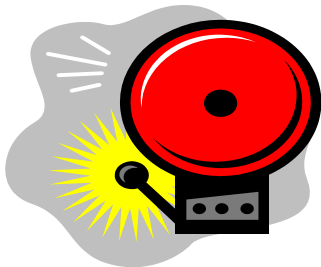
- ❖ You must perform a daily inspection (daily check) of your monitor system. (Veeder Root or Other Monitor System)
- ❖ This inspection consists of a system test.
- ❖ You must log this test Daily or Save Tape.



Compliance Management

Best Practice-Alarm Log Entry

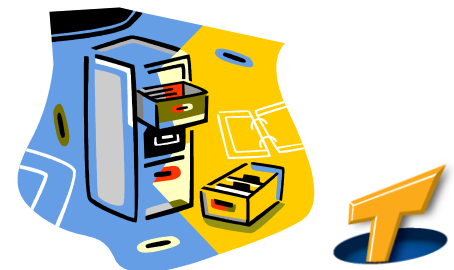
- ❖ Enter Daily check information.
- ❖ Enter all alarms and warnings.
- ❖ If follow-up needed, enter all necessary information in **Repair Log**
- ❖ Enter follow-up information as it is completed



Compliance Management

Keep Accurate Records

- ❖ Your Compliance Program is a partnership between all involved at a GDF. If followed it can keep you and your team safe, compliant and protect our environment.
- ❖ All reporting and records kept are there to help and remind all involved of any situations which need attention. Everyone handling fuel needs to always be aware of **SAFETY**.



Compliance Management

Benefits of Compliance Management

- Compliance in Arizona vs. Non-Compliance
- NTC vs. NOV
- No penalty vs. Potential Penalty
- Controlled Impact to Business
- Controlled Expense
- Control Environmental Impact



Compliance Management

Every Presentation Needs A Happy Ending-Questions?

