

5296 Breakers Way, Carmel, IN 46033

Tester's Name: _____Virender kumar

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(317)-300-6065

Date

9-10-24

LIQUID	SENSO	OR FUNC	CTIONALIT	Y TESTING
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Facility Name: ARCO					Owner	Owner: Mkr2 Inc							
Address: 50	Address: 5034 E Raymond St					Address: 5034 E Raymond St							
City, State, Zip Code: Indi	anapolis, IN	46	6203		City, St	City, State, Zip Code: Indianapolis, IN 46203						03	
Facility I.D. #:	25298				Phone	Phone #:							
													_
This procedure is to determine whethe fuel. See PEI/RP1200 Section 8.3 for the	r liquid senso test procedur	rs le e.	ocated in the	inte	erstitial space	e of	UST systems	are	e able to detec	t the presenc	e of	f water and	
Sensor Location	Regular inst		Premium int		Diesel inst								_
Product Stored	Regular	Regular		Premium		Diesel							
Type of Sensor	Non-Discri	•	Non-Discri	•	Non-Discri	•		•		<u> </u> -	•		•
Test Liquid	Water	•	Water	•	Water	•		•		<u> </u>	•		•
Is the ATG console clear of any active or recurring warnings or alarms regarding the leak sensor? If the sensor is in alarm and functioning, indicate why.	Yes	•	Yes	•	Yes	•		•			•		•
Is the sensor alarm circuit operational?	Yes	•	Yes	•	Yes	•		•			•		•
Has sensor been inspected and in good operating condition?	Yes	•	Yes	•	Yes	•		•]. [•		•
When placed in the test liquid, does the sensor trigger an alarm?	Yes	•	Yes	•	Yes	•		•].	•		•
When an alarm is triggered, is the sensor properly identified on the ATG console?	Yes	•	Yes	•	Yes	•		•			•		•
Any "No" answers indicates the sensor	fails the test.											_	
Test Results	Pass	•	Pass	•	Pass	•	. [~		<u> </u> .	lacksquare		•
Comment													
)	/	

Tester's Signature : ____