

UST TESTING/INSPECTION RESULTS SUMMARY

OWNER NAME	OWNER NAME: Baracheh Land Company Inc					LOCATION NAME:	Marycres	st Marathon
OWNER ADDRESS	_				LOCATION ADDRESS:	2322 W \	Western Ave	
OWNER CITY/STATE/ZIP	: South Bend, IN 46619	_			LC	OCATION CITY/STATE:	South Be	nd, IN 46619
		-				LOCATION FID#:	1	0551
TESTING DATE	: 10/11/2023					•		
12311110 27112	. 10,11,2020				METHOD OF T	ANK LEAK DETECTION		_
				IN		ING LEAK DETECTION		-
					TYPE OF UN	IDERGROUND PIPING		-
AUTOMATIC TANK G	SAUGE TEST	NOT PERFORMED	ANNUAL TES	TING/INSPEC PR	TIONS ODUCT LINE TEST		COMPLETED	
						e within manufacturer's criteria o		
TANK NO	PRODUCT	BRAND/MODEL	RESULT		LINE NO	PRODUCT	RESULT	AMT OF CHG/GPI
			<u> </u>		1	RUL	PASS	-0.0444
					2	PUL	PASS	0
LEAK DETECTOR TES	т	COMPLETED		110	QUID SENSOR FUNC	TIONALITY TEST	NOT PERFORMED	
LINE NO	PRODUCT	TYPE	RESULT		LOCATION	PRODUCT	TYPE	RESULT
1	RUL	ELLD	PASS		2007111011			
2	PUL	ELLD	PASS					
	•							
LEGEND:								
RUL	Regular Unleaded							
		1						
		1						
		1						1
		1						
DSL PUL KER ODSL REC	Diesel Premium Unleaded Kerosene Off Road Diesel Recreational							
RECOMMEN	IDATIONS:							- - -
RECOMMEN	IDATIONS:							- - - -
RECOMMEN	IDATIONS:							- - - -



CERTIFICATION VERIFICATION

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Baracheh Land Company Inc 2322 W Western Ave South Bend, IN 46619

Location of Test:

Testing Date: 10/11/2023

Marycrest Marathon 2322 W Western Ave South Bend, IN 46619

Site FID#: 10551

Service Technican:

Certified Technician: PATRICK FOLEY

Midwest ECS has completed the following tests/inspections at the above noted location:

ATG Functionality	
Leak Detector	
Elec Line Leak Detector	Х
Product Line Testing	Х
Liquid Sensor Functionality	
Spill Bucket	
Containment Hydrostatic Sump	
Overfill Equipment Inspection	
Overfill Alarm	
Vent Valve	
Interstital	
Non-Volumetric Tank Tightness	
Shear Valve Inspection	

I, PATRICK FOLEY, the certified technician, was present throughout the duration of the testing and/or inspection performed by Midwest ECS at the above address on the above date. I affirm that the testing was done in accordance with Rule 320 IAC 9 and 40CFR Part 80, is accurate based upon the results received and that these forms accurately reflects the results of the testing and/or inspection.

Technician Signature:

Technician Printed Name:

Date & Time:

PATRICK FOLEY

10/11/2023 10:16



I attest with my signature below, that this technician was present onsite for testing as described above.