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**Date** 10/9/24

| UST OVERFILL EQUIPMENT INSPECTION AUTOMATIC SHUTOFF DEVICE AND BALL FLOAT VALVE  |                    |  |             |                           |               |          |          |          |          |    |          |  |  |
|--|--------------------|--|-------------|---------------------------|---------------|----------|----------|----------|----------|----|----------|--|--|
| Facility Name:   | Owner:             | owner: R & A Cassopolis Property LLC     |             |                           |               |          |          |          |          |    |          |  |  |
| Address:   | Address:           | Address: 1606 Cassopolis St              |             |                           |               |          |          |          |          |    |          |  |  |
| City, State, Zip Code:   | City, State, Z     | city, state, zip code: Elkhart, IN 46514 |             |                           |               |          |          |          |          |    |          |  |  |
| Facility I.D. #: 264   |                    |  |             |                           | Phone #:      | Phone #: |          |          |          |    |          |  |  |
| This data sheet is for inspecting automatic shutoff devices and ball float valves. See PEI/RP1200 Section 7 for inspection procedures.   |                    |  |             |                           |               |          |          |          |          |    |          |  |  |
| Product Grade  | Regular            |  | Premium     |                           | Diesel        |          | Kerosene |          |          |    |          |  |  |
| Tank Number  | 1                  |  | 2           |                           | 3             |          | 4        |          |          |    |          |  |  |
| Tank Volume, gallons   | 12,000             |  | 10,000      |                           | 10,000        |          | 6,000    |          |          |    |          |  |  |
| Tank Diameter, inches  | 96                 |  | 96          |                           | 96            |          | 96       |          |          |    |          |  |  |
| Overfill Prevention Device Brand   | OPW                |  | OPW         |                           | OPW           | OPW      |          | OPW      |          |    |          |  |  |
| Type of Overfill Device  | BF                 | •  | BF          |                           | BF            | •        | BF       | •        | <u> </u> | ]. | •        |  |  |
|  |                    | A  | UTOMATIC SH | IUT                       | OFF DEVICE IN | SP       | ECTION   |          |          |    |          |  |  |
| 1. Drop tube removed from tank?  | No                 | <b>~</b>                                 | No          | -                         | No            | •        | No       | <b>~</b> | ].       | 1. | ▼        |  |  |
| 2. Drop tube and float mechanisms free of debris?  |                    | <b>V</b>                                 | •           | Ī                         |               | <b>-</b> | -        | <b>-</b> |          | 1. | ▼        |  |  |
| 3. Float moves freely without binding and poppet moves into flow path?   |                    | ▼  |             | Ī                         |               | •        |          | •        |          | 1. | ▼        |  |  |
| 4. Bypass valve in the drop tube open and free of blockage (if present)?   |                    | V  |             | T                         |               | •        |          | •        |          | 1. | <b>~</b> |  |  |
| 5. Flapper adjusted to shut off flow at 95% capacity?*   |                    | ▼  | •           | T                         |               | •        |          | V        |          | 1. | ▼        |  |  |
| 6. Is Ball Float Present?  |                    | <b>-</b>                                 |             | $\overline{\blacksquare}$ |               | <b>-</b> | 1.       | <b>~</b> |          | 1. | <b>~</b> |  |  |
| 7. Measured Auto Shut-Off Level  |                    |  |             |                           |               |          |          |          |          |    |          |  |  |
| A "No" to any item in Lines 1-5 indicate   | es a test failure. |  | L           |                           |               |          |          |          |          |    |          |  |  |
|  |                    |  | BALL FLOA   | AT V                      | ALVE INSPECT  | ΓIO      | N        |          |          |    |          |  |  |
| 1. Tank top fittings vapor- tight and leak-free?   |                    | <b>-</b>                                 |             | <b>~</b>                  |               | •        |          | <b>~</b> |          | 1  | ▼        |  |  |
| 2. Ball float cage free of debris?   |                    | <b>■</b>                                 |             | V                         |               | •        |          |          |          |    |          |  |  |
| 3. Ball free of holes and cracks<br>and moves freely in cage?  |                    | <b>T</b>                                 |             | <b>—</b>                  |               | •        |          |          |          | 1. | ▼        |  |  |
| 4. Vent hole in pipe open and near top of tank?  |                    | <b>■</b>                                 |             | <b>—</b>                  |               | <b>-</b> |          |          | <u> </u> | 1. | ▼        |  |  |
| 5. Ball float pipe proper length to restrict flow at 90% capacity?**   |                    | <b>■</b>                                 |             | V                         |               | <b>-</b> |          | <b>V</b> |          | 1  | <b>—</b> |  |  |
| 6. Ball Float removed from the tank?   |                    | <b>▼</b>                                 |             | V                         |               | •        |          | <b>—</b> |          | 1. | ▼        |  |  |
| 7. Ball Float Level  |                    |  | <b>!</b>    |                           |               |          | <u> </u> |          | <u> </u> |    |          |  |  |
| A "No" to any item in Lines 1-5 indicate   | es a test failure. |  |             |                           |               |          |          |          |          |    |          |  |  |
|  | Fail               | <b>~</b>                                 | Fail        | <b>-</b>                  | Fail          | •        | Fail     | •        | ]. 「     | 1  | <b>~</b> |  |  |
| Comment: Vapor adaptors are in rough shape and rusted/corroded. Afraid of breaking them off using chain wrench to remove them.   |                    |  |             |                           |               |          |          |          |          |    |          |  |  |
| * Use manufacturer's suggested procedure for determining if automatic shutoff device will shut off flow at 95% capacity.  ** Use manufacturer's suggested procedure for determining if flow restriction device will restrict flow at 90% capacity. |                    |  |             |                           |               |          |          |          |          |    |          |  |  |

Tester's Signature : \_

Josh Rider

Tester's Name :