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Date 2/12/25

## HYDROSTATIC SPILL BUCKET INTEGRITY TEST

SINGLE- AND DOUBLE-WALLED VACUUM TEST METHOD

|                        |                      |
|------------------------|----------------------|
| Facility Name:         | Marathon             |
| Address:               | 831 E Colfax Ave     |
| City, State, Zip Code: | South Bend, IN 46617 |
| Facility I.D. #:       | 15294                |

|                        |                        |
|------------------------|------------------------|
| Owner:                 | RA Colfax Property LLC |
| Address:               | 4232 W Ridgeway Dr     |
| City, State, Zip Code: | La Porte, IN, 46350    |
| Phone #:               |                        |

This procedure is to test the leak integrity of single- and double-walled spill buckets. See PEI/RP1200 Section 6.2 for hydrostatic test method, Section 6.3 for single-walled vacuum test method and Section 6.4 for double-walled vacuum test method.

| Tank Number                                                                                | 1           | 2           | 3           | 4           |  |  |
|--------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|--|--|
| Product Stored                                                                             | Regular 1   | Regular 2   | Regular 3   | Premium     |  |  |
| Spill Bucket Capacity                                                                      | 5 gal       | 5 gal       | 5 gal       | 5 gal       |  |  |
| Manufacturer                                                                               | OPW         | OPW         | OPW         | OPW         |  |  |
| Construction                                                                               | SW          | SW          | SW          | SW          |  |  |
| Test Type                                                                                  | Hydrostatic | Hydrostatic | Hydrostatic | Hydrostatic |  |  |
| Spill Bucket Type                                                                          | Product     | Product     | Product     | Product     |  |  |
| Liquid and debris removed from spill bucket?                                               | Yes         | Yes         | Yes         | Yes         |  |  |
| Visual Inspection (No cracks, loose parts or separation of the bucket from the fill pipe.) | Pass        | Pass        | Pass        | Pass        |  |  |
| Tank riser cap included in test?                                                           | Yes         | Yes         | Yes         | Yes         |  |  |
| Drain valve included in test?                                                              | N/A         | N/A         | N/A         | N/A         |  |  |
| Starting Level                                                                             | 10.5"       | 10.5"       | 10.5"       | 10.5"       |  |  |
| Test Start Time                                                                            | 1:35pm      | 1:45pm      | 2:00pm      | 2:10pm      |  |  |
| Ending Level                                                                               | 10.5"       | 10.5"       | 10.5"       | 10.5"       |  |  |
| Test End Time                                                                              | 2:35pm      | 2:45pm      | 3:00pm      | 3:10pm      |  |  |
| Test Period                                                                                | 1 Hr        | 1 Hr        | 1 Hr        | 1 Hr        |  |  |
| Level Change                                                                               | 0           | 0           | 0           | 0           |  |  |

Pass/fail criteria: Must pass visual inspection. Hydrostatic: Water level drop of less than 1/8 inch; Vacuum single-walled only: Maintain at least 26 inches water column; Vacuum double-walled: maintain at least 12 inches water column

|              |      |      |      |      |  |  |
|--------------|------|------|------|------|--|--|
| Test Results | Pass | Pass | Pass | Pass |  |  |
|--------------|------|------|------|------|--|--|

Comments:

Tester's Name : Josh Rider

Tester's Signature :