

5296 Breakers Way, Carmel, IN 46033

Virender Kumar

Tester's Name :

	www.tanksdata.com
	tanksdata@gmail.com
Ö	(317)-300-6065

Date

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UST OVERFILL EQUIPMENT INSPECTION AUTOMATIC SHUTOFF DEVICE AND BALL FLOAT VALVE													
Facility Name: Marathon						owner: Ms Petro							
Address: 2754 E 100 S						Address: 2754 E 100 S							
city, State, Zip Code: Anderson, IN 46017						city, State, Zip Code: Anderson, IN 46017							
Facility I.D. #:	1036	1				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										
Tank Number	1		2										
Tank Volume, gallons 10,00			6,000										
Tank Diameter, inches 90			95										
Overfill Prevention Device Brand	EMCO		EMCO										
Type of Overfill Device	ASD	•	ASD	\		•		•	. •		•		
		Δ	UTOMATIC SH	IUTO	OFF	DEVICE INSPI	CTION						
1. Drop tube removed from tank?	Yes	▼	Yes	-		-		V].	-	-		
2. Drop tube and float mechanisms free of debris?	Yes	▼	Yes	—	•	-		•		-			
3. Float moves freely without binding and poppet moves into flow path?	Yes	▼	Yes	1		-		~		-	_		
4. Bypass valve in the drop tube open and free of blockage (if present)?	Yes	▼	Yes	\		<u> </u>		•		7			
5. Flapper adjusted to shut off flow at 95% capacity?*	Yes	▼	Yes	-		<u> </u>		V		1	-		
6. Is Ball Float Present?		V		1		-		-		7	_		
7. Measured Auto Shut-Off Level	86		81						_				
A "No" to any item in Lines 1–5 indicat	es a test failure.								•				
			BALL FLOA	AT V	'AL\	/E INSPECTIO	N						
1. Tank top fittings vapor- tight and leak-free?		-		-		\		~		-			
2. Ball float cage free of debris?		•		\		\		•			_		
3. Ball free of holes and cracks and moves freely in cage?		▼		1		▼		•		7			
4. Vent hole in pipe open and near top of tank?		•		<u> </u>		\		V		-			
5. Ball float pipe proper length to restrict flow at 90% capacity?**		•		\		▼		V		1	•		
6. Ball Float removed from the tank?		•		\		V		•		1	•		
7. Ball Float Level	_		_										
A "No" to any item in Lines 1–5 indicat	es a test failure.												
	Pass		Pass	▼].		•		•	<u>. </u>	₹	•		
Comment: Cut and replaced coaxial adaptor for Reg and Prem													
* 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 : ___