

State ID#: 00238

Custom Tank Services - Cathodic Protection - Galvanic

Completed October 7, 2025

| Owner Details | Facility Details |
|--|---|
| Tanks Data 5296 Breakers Way Carmel, IN 46033 | O0238 LLB 3 Food Mart 00238 Main System 306 N Main Street Salem, IN, 47167 State ID#:00238 |

| Inspection/Testing Result | |
|---------------------------|--|
| PASS | |

CATHODIC PROTECTION



TEST DATE: 10-07-2025

LOCATION NAME: 00238 LLB 3 Food Mart 00238

LOCATION ADDRESS: 306 N Main Street
LOCATION CITY/STATE: Salem, IN 47167
LOCATION PHONE:

OWNER NAME: Tanks Data

OWNER ADDRESS: 5296 Breakers Way

OWNER CITY/STATE/ZIP: Carmel, IN 46033

LOCATION FID#: 00238
WORK ORDER NO: 291783

SYSTEM TYPE: GALVANIC

LOCATION CONTACT:

TEMPERATURE: 74f

CONDITIONS: WET

TIME: 12:30p

| TANK NO | 1 | 2 | 3 | 4 | |
|-------------------------|-------|-------|-------|--------|--|
| PRODUCT STORED | UNL | UNL | PREM | DIESEL | |
| TANK CAPACITY | 6000 | 10000 | 10000 | 10000 | |
| TANK SIZE | 96 | 96 | 96 | 96 | |
| TANK CONTACT | TW | TW | TW | TW | |
| REFERENCE CELL LOCATION | TM | TM | TM | TM | |
| VOLTAGE READING | -1230 | -1194 | -1210 | -1118 | |
| REFERENCE CELL LOCATION | STP | STP | STP | STP | |
| VOLTAGE READING | -1218 | -1156 | -1201 | -1135 | |
| REMOTE VOLTAGE | -1183 | -1128 | -1095 | -927 | |
| RESULT | PASS | PASS | PASS | PASS | |

| PIPING LINE | MANIFOLD | | | |
|-------------------------|----------|--|--|--|
| PRODUCT | UNL | | | |
| PIPING CONTACT | TW | | | |
| REFERENCE CELL LOCATION | STP | | | |
| VOLTAGE READING | -922 | | | |
| REFERENCE CELL LOCATION | | | | |
| VOLTAGE READING | | | | |
| REMOTE VOLTAGE | -876 | | | |
| RESULT | PASS | | | |

| LEGEND | | | |
|--------|-------------------------------|--|--|
| TW | TEST WIRE | | |
| TB | TANK BOTTOM | | |
| TM | TANK MONITORING PROBE OPENING | | |
| INT | INTERSTITIAL OPENING | | |
| STP | SUBMERSIBLE TURBINE PUMP | | |
| VR | VAPOR RECOVERY | | |

NOTES:

John Lannom
CERTIFIED TECHNICIAN NAME

John Lannom
CERTIFIED TECHNICIAN SIGNATURE



CERTIFICATION VERIFICATION



I, JOHN LANNOM, 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 329 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.

| chnician Signature: | Hhm | |
|---------------------------------------|---|---|
| ician Printed Name: | JOHN LANNOM | |
| INDIANA DE | EPARTMENT OF ENVIRONM | ENTAL MANAGEMENT |
| | JOHN LANNON 4400 W CR 350 MUNCIE, IN 4730 | M Seal Seal Seal Seal Seal Seal Seal Seal |
| STATE/PER UC20129 | | EFFECTIVE 8/16/2024 |
| Installation or R Expiration Date: | Retrofitting | Decommissioning Expiration Date: |
| Cathodic Proted Expiration Date: 8/ | ction | Tank Tightness Testing Expiration Date: |